

Sickles High School Marching Wall of Sound Leadership Reference Form

Applicant: _____

Position(s) Applying for: _____

By signing here I waive my right to view this form: _____

Please rate the applicant in the following areas:

Leadership: ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor

Attitude: ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor

Reliability: ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor

Academics: ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor

Responsibility: ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor

Ability to ___ Superior ___ Excellent ___ Good ___ Fair ___ Poor
take criticism:

If you wish, please provide any comments in the space below regarding student's qualifications for the position to which they are applying (feel free to use the back for additional space):

This form will be kept confidential and only Mr. Griffis and his adult staff will be viewing this reference form.

Print Name

Student or Teacher/Admin
Circle One

Signature

Date