

Culver City Sister City Committee, Inc.

ccsc.inc@gmail.com www.culvercitysistercitycommittee.org

CONFIDENTIAL REFERRAL FORM

Should be mailed or emailed within 5 DAYS of receipt from student

Student's Name: _____

The above student has applied to travel to _____, as a delegate on a Culver City Sister City Committee Cultural exchange program.

We are looking for students who would represent our City and Nation in the best possible manner. Please keep this in mind when completing this form. The applying student has identified you as one of their references. Please, no form letters.

1) How long have you known this student and in what capacity? _____

2) How well do you think the student would:

(5 – Very positive)

(1 – Behaves poorly)

Respectful of differences in culture/religion	5	4	3	2	1
Follows directions of adults immediately	5	4	3	2	1
Demonstrates polite behavior	5	4	3	2	1
Positive/confident in unfamiliar situations	5	4	3	2	1
Shares with peers and foreign students	5	4	3	2	1
Displays interest in cultural activities	5	4	3	2	1
Actively participates in group activities	5	4	3	2	1

3) Comments or concerns regarding this student:

Print Name: _____ Signature: _____

Date: _____ Contact phone number _____ Email _____

This information will not be shared with the student or family.

Please mail to: Culver City Sister City Committee, Inc.

Student Exchange Program P. O. Box 1072 Culver City, California 90232-5307

Or scan and email to ccsc.inc@gmail.com

If you have any questions, please contact: _____, Exchange Chair
_____ Telephone No.