



2014 European Concert Tour  
Confidential Personal Reference Form  
(Two references required)

Student Name \_\_\_\_\_

The person listed above has applied to travel and perform with the Cascade Youth Symphony on the 2014 European Concert Tour. The trip we have planned requires the participants to have a high level of maturity and judgment for his or her age group. The success of the tour depends on how well the student can handle new situations and the challenges of traveling and performing in a variety of settings.

We greatly appreciate your assessment of this student based on your knowledge. Please complete this form and return it no later than one week from receipt. *This form will only be used for the purpose of selecting the members of our 2014 touring orchestra and all information is confidential, unavailable to the student and available only to those directly involved in the tour participant selection process.*

How well do you know the student?      Slightly \_\_\_\_\_      Well \_\_\_\_\_      Very Well \_\_\_\_\_

How long have you known the student? \_\_\_\_\_

Under what circumstances have you known this individual? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please rate the student using the following scale. Feel free to add any comments in the space provided.

**1 = unknown    2 = below average    3 = average    4 = above average    5 = excellent**

1 2 3 4 5      **Cooperative**, works well with others, encouraging, respects authority

1 2 3 4 5      **Leadership** is evident, able to inspire others, makes responsible decisions

1 2 3 4 5      **Appropriately sensitive** to feelings and reactions of others

1 2 3 4 5      **Self-motivated**, can set and reach goals, willing to take on new situations

1 2 3 4 5      **Dependable**, prompt, accurate, follows through with commitments

1 2 3 4 5      **Emotionally stable**, mature, good disposition

1 2 3 4 5      **Willing to step in** to help with little or no prompting

1 2 3 4 5      **Problem-solves well**, is generally independent

Student Name \_\_\_\_\_

Additional comments, strengths or concerns that may help us evaluate the student.

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Please indicate this student's potential to be a successful 2014 tour member--

- Highly recommended
- Recommended
- Recommended w/ reservations
- Not recommended

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title or position \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Thank you for your assistance. Please return this form to--

Dennis Burkhardt  
CYSO Tour Project Director  
11115 236<sup>th</sup> PL SW  
Woodway, WA 98020-5215

If you have any questions, please call Dennis at 206-542-7602 or email at burkhardtd@comcast.net.