

12345

2020 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 2020 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.			
this form and purpose of sel	preciate your assessment of this student based on your knowledge. Please complete return it no later than one week from receipt. This form will only be used for the ecting the members of our 2020 touring orchestra and all information is confidential, the student and available only to those directly involved in the tour participant ess.		
How well do y	ou know the student? Slightly Well Very Well		
How long have	e you known the student?		
Under what ci	rcumstances 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		
12345	Cooperative, works well with others in a group, encouraging, respects authority		
12345	Leadership is evident, able to inspire others, makes responsible decisions		
12345	Appropriately sensitive to feelings, needs and reactions of others		
12345	Self-motivated, can set and reach goals, willing to take on and adapt to new situations		
12345	Dependable, prompt, accurate, follows through with commitments and responsibilities		
12345	Emotionally stable, mature, good disposition, competent at self-regulation		
12345	2 3 4 5 Willing to step in to help with little or no prompting		

Problem-solves well, is generally independent, has ability to be flexible

Student Name		
Additional comments, strengths or infor	mation that may help us ev	valuate the student.
Please indicate this student's potential t	o be a successful 2020 tour	member
□ Highly recommended	□ Recommended	
□ Recommended with reservations	□ Not recommended	
Signature		Date
Please Print Name		_
Your connection or relationship with stu	ıdent	
PhoneEmail		
Thank you for your assistance. Please r	eturn this form to	
Dennis Burkhardt		
CYSO Tour Coordinator		
11115 236 th PL SW Woodway, WA 98020-5.	215	

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