



Faculty of Applied Community Studies

Bachelor of Arts in Child and Youth Care Reference Form

TO BE COMPLETED BY THE APPLICANT: Please complete this section before sending to your reference of choice. We prefer that reference forms be completed by individuals who are NOT related to the applicant and who are familiar with the applicants work with children or youth. (e.g. supervisors, instructors, mentors, etc.).

Name: \_\_\_\_\_ Student Number : \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to referee: \_\_\_\_\_

TO BE COMPLETED BY THE REFEREE:

Please send the completed reference form to: [cyc@douglascollege.ca](mailto:cyc@douglascollege.ca)

Dear Referee,

Thank you for your contribution to the admission process. The applicant is seeking admission to the Child and Youth Care (CYC) Program at Douglas College. The CYC program is a 4-year Bachelor of Arts Degree Program which prepares graduates for challenging work supporting children, youth and families as professional child and youth care workers, or for advanced positions in the child and youth care field. Your thoughtful input and recommendations will be used as part of the candidate’s admission into the program.

We are interested in learning about the candidate’s suitability and readiness to begin the program. We kindly ask you to consider their suitability in the following areas: (please indicate with an X in the appropriate box).

Characteristic	Excellent	Above Average	Average	Below Average	No Ability to Judge
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to take initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work as part of a team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments (if any): _____ _____					

Please use this space to provide comments about the applicant's suitability for this program.

How long have you known this applicant and what is your relationship to the applicant?

What is your overall assessment of the applicant's suitability to enter this program?

Highly Recommend

Recommend without reservation

Do not recommend

Name: \_\_\_\_\_

Address or Agency: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

The information on this form may be released to the applicant through access to information under the Freedom of Information and Protection of Privacy Act. If you wish it to be kept confidential please indicate accordingly by checking YES .