

YORK TECHNICAL COLLEGE
Work-based Learning
Instructor Reference Form

Date _____

I, _____, do hereby authorize the following
 York Technical College instructor, _____, to make
 this information available to the Work-based Learning Office.

(NOTE: If you are receiving this form via email, the original form with the student's signature is on file with the Work-based Learning Office.)

PLEASE RATE THE STUDENT'S CLASSROOM PERFORMANCE USING THE SCALE BELOW:

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

Please **highlight** the appropriate number.

Attitude	①	②	③	④	⑤
Ability to Learn	①	②	③	④	⑤
Dependability	①	②	③	④	⑤
Initiative	①	②	③	④	⑤
Quality of Work	①	②	③	④	⑤
Relations with Others	①	②	③	④	⑤
Maturity	①	②	③	④	⑤
Quantity of Work	①	②	③	④	⑤
Judgment	①	②	③	④	⑤
Attendance	①	②	③	④	⑤
Punctuality	①	②	③	④	⑤

How long have you known this student? 1 Semester 2 Semesters 3 Semesters

Additional comments or concerns:

Instructor's Signature _____ Date _____