

CAMP S.W.A.G.

Students With Ambitions & Goals

RECOMMENDATION FORM FOR YOUTH GROUP MENTORING PROGRAM

Student Name: _____ Grade Level: _____

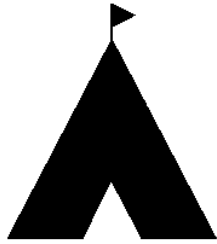
Reference Name: _____ Reference Title: _____

Reference Organization: _____

Reference Telephone Number: _____

Please rate the performance of the above named student using the scale provided. For responses rated a 1 or 2, please provide comments. (Attach a separate sheet if necessary)

Activity	Needs Improvement					Excellent	Comments
	1	2	3	4	5		
Attends school on a regular basis	1	2	3	4	5		
Interacts positively with others	1	2	3	4	5		
Completes class assignments on time	1	2	3	4	5		
Stays on task	1	2	3	4	5		
Respects and honors school environment	1	2	3	4	5		
Shows positive attitude in class	1	2	3	4	5		
Gets along well with others	1	2	3	4	5		
Demonstrates eagerness and capacity to learn	1	2	3	4	5		
Functions comfortably in team setting	1	2	3	4	5		
Shows ability to make and keep commitments	1	2	3	4	5		
Receptive to new ideas	1	2	3	4	5		
Accepts responsibility	1	2	3	4	5		
Demonstrates initiative	1	2	3	4	5		



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In what other areas could the student use help from the CSWAG Youth Group Mentoring Program?
Check all that apply and add your comments:

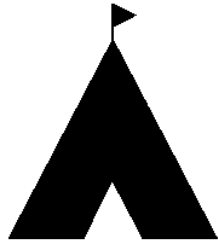
- Time management
- Organizational skills
- Interpersonal skills
- Leadership skills
- Communication skills
- Job-related skills
- Other, please comment:

What do you see as the student's area(s) of strength?

As CSWAG Youth Group Mentoring Program Members, students are required to meet with their leadership group at least twice a month, attend support meetings as scheduled, and participate in planned program activities. Would this student be able to carry out the responsibilities of being a member of the CSWAG Youth Group Mentoring Program?

- Yes
- No

Reference Signature: _____ Date: _____



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Please return completed form to the following:

Camp S.W.A.G.
Youth Group Mentoring Program
P. O. Box 3392
Cary, NC 27519

or
via email

membership@cswag.org