

**NON-TEACHER REFERENCE**

Student's Name \_\_\_\_\_ Counselor \_\_\_\_\_

**TO THE STUDENT:** Give this form to a person who has known you through an activity in school, in the community, or as an employer.

**TO THE RESPONDER:** Your candid estimate of performance and personal qualities such as character, personality, enthusiasm, and trustworthiness would be appreciated.

*This form will not be submitted to colleges. The information provided below will be used to supplement the counselor's letter of recommendation.*

**Please return this form to the appropriate counselor at:**

Clarkstown High School South  
School Counseling Office – 1<sup>st</sup> Floor  
31 Demarest Mill Road  
West Nyack, New York 10994

How long have you known the applicant and in what capacity?

\_\_\_\_\_

What are the first words that come to your mind to describe the applicant?

\_\_\_\_\_

What are your overall perceptions of this student?

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

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

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