

# Best Buddies International High Schools TEACHER REFERENCE



Thank you for taking the time to complete the Teacher Reference form. This student is applying to become a Peer Buddy in a Best Buddies chapter at your high school. Best Buddies International pairs high school student volunteers in one-to-one friendships with special education students.

Your assistance in helping Best Buddies to identify students who are qualified for this program is appreciated.

Name of student: \_\_\_\_\_

How do you know this student? \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

Participation in Best Buddies calls for individuals who are highly motivated and have a strong sense of integrity and commitment. In your opinion, does this individual possess these qualities? YES NO Why?

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

Do you have any reservations about recommending this student to be matched in a one-to-one friendship with a special education student? YES NO Why?

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

For this candidate, please give one strength and one area that needs improvement:

Strength: \_\_\_\_\_

Improvement: \_\_\_\_\_

Print Name \_\_\_\_\_ Position \_\_\_\_\_

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