



## Youth Leadership Academy 2020-2021 Referral

Name of Person Making the Referral \_\_\_\_\_

Position/Title \_\_\_\_\_

School/Organization \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**This form should be returned to student or mailed to:**

Laura Stutte YWCA 2525 W. 2<sup>nd</sup> St. Suite 110., Hastings, NE 68901 **before July 1, 2020.**

You have been chosen to submit a referral for \_\_\_\_\_ who wishes to be selected as a member of the Youth Leadership Academy. Being a member of the Youth Leadership Academy takes hard work, dedication, and time devoted to the betterment of the youth and the community. Please rate the applicant on the following skills.

Rating Scale: Rank the youth on each of the following skills using 1 as the lowest score and 5 as the highest score.

Personal Confidence \_\_\_\_\_  
Participation \_\_\_\_\_  
Ability to ask for help \_\_\_\_\_  
Creativity \_\_\_\_\_  
Reliability \_\_\_\_\_  
Ability to problem solve \_\_\_\_\_

Communication \_\_\_\_\_  
Listening \_\_\_\_\_  
Ability to work with others \_\_\_\_\_  
Work ethic \_\_\_\_\_  
Decision Making \_\_\_\_\_

Total: \_\_\_\_\_ number of points possible out of 55 points.

What would be your strongest reason for recommending this person to YLA?

What concerns would you have about his/her involvement with YLA?