**Reference Form**

**LIGHTS! CAMERA! ACTION! READ! WRITE!**

**TSU SUMMER CAMP**



**Professor Jewell Parham**

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**Tennessee State University**

**3500 John A. Merritt Blvd.**

**Nashville, Tennessee 37209-1561**

**Contact** [**jeparham@tnstate.edu**](mailto:jeparham@tnstate.edu) **or (615) 963-1538**

**Fax number (615) 963-5725**

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| **INSTRUCTIONS FOR APPLICANT:** Please read and sign this section **before** giving it to the person who will write the reference for your child. You will need two reference-writers who are teachers at your child’s school. One must be from the current classroom/homeroom teacher.  I, the undersigned, have agreed to waive my right to read this reference.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of child (print legibly) Parent/Guardian’s signature Date |

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| **INSTRUCTIONS FOR REFERENCE WRITER:** This parent/guardian is applying for his/her child to be admitted to the **LIGHTS! CAMERA! ACTION! READ! WRITE! TSU SUMMER CAMP** and has selected you as a reference. The applicant has waived the right to see your response, and camp instructors appreciate your **honest evaluation**. Feel free to include a personal note of recommendation or caution, if you wish. Indicate N/A for any question you do not feel qualified to answer. After completing this form, put it in an envelope, sign your name across the sealed flap, and return to parent/guardian. **Children will not be admitted to camp without the necessary references.** Thank you for your time and your valued assistance. |

**Check the box that best describes the applicant.**

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|  | **Yes** | **No** | **Sometimes** |
| Is the applicant a good listener? |  |  |  |
| Does the applicant follow rules? |  |  |  |
| Does the applicant respect authority? |  |  |  |
| Does the applicant work well alone? |  |  |  |
| Does the applicant work/play well with others? |  |  |  |
| Does the applicant ever exhibit behavior problems? |  |  |  |
| Does the applicant handle disappointment well? |  |  |  |

**Additional Comments (optional):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Name of teacher (print legibly) Teacher’s signature Date**

**School:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Teacher Telephone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_