

**Secondary Transitional Experience Program (STEP)  
South Eastern Special Education  
500 S. Scott Street  
Newton, IL 62448**

**Date:** \_\_\_\_\_

To Whom It May Concern:

\_\_\_\_\_ has applied to the STEP Program and has given your name as a personal reference. It would be helpful to us if you would share your knowledge of the applicant by answering the following questions. All information will be kept confidential.

1. How long have you known this applicant and in what capacity?

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

- 2. Is this person dependable and trustworthy?
- 3. Does this person display initiative?
- 4. Would this person be an asset to a business?
- 5. How would you rate his/her work performance?

Excellent	Good	Fair	Poor

Please share any comments you have concerning this individual's abilities or why you believe he/she would be an asset. Thank you for your time in completing this form. Please return to: Susan Vaughn, South Eastern Special Education, 500 S. Scott St., Newton, IL 62448.

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

**Evaluator's Name:** \_\_\_\_\_

**Evaluator's Phone:** \_\_\_\_\_

**Evaluator's E-Mail Address:** \_\_\_\_\_