



**SUBSTITUTE REFERENCE LETTER**

**Name of Substitute:** \_\_\_\_\_

**For person giving referral:**

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

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**2. Would you recommend this person to work with young children ages 3 – 12?  
Why or why not.**

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

**PHONE #** \_\_\_\_\_

**Please mail this form back to St. Mary's School. An envelope is enclosed for your convenience.**

**Thank you for your time.**