SEVEN OAKS SCHOOL DIVISION
community begins here

SEVEN OAKS SCHOOL DIVISION

3 of 3

830 Powers Street
Winnipeg, Manitoba R2V 4E7
Telephone: (204) 586-8061 - Fax: (204) 586-6080
e-mail: bonnie.pollreis@7oaks.org

REFERENCE FORM - CATEP

Date: _____

_____
Name of Applicant

The person listed above has applied for the Community Aboriginal Teacher Education Program (CATEP). This involves working as an Educational Assistant in Seven Oaks School Division while studying to complete a BA/BEd program. Please complete the questions below and attached to your application package and send to Bonnie Pollreis, at the above address.

1. How long have you known this person and in what capacity? Are you related? _____

2. What experiences does this candidate have which might indicate that he/she could become a good language teacher?

3. What qualities does this person possess that would be an asset to teaching?

4. In what ways does this person contribute positively to the lives of children?

5. In what ways does this person contribute positively to Indigenous education?

6. Are there any concerns that you have regarding this candidate? yes _____ no _____
   If yes, please specify.

7. Are you willing to allow the candidate to see this reference form upon request? yes ____ no ____

_____
Name

_____
Position

_____
Telephone Number

_____
Signature

_____
e-mail address