Special Needs Reference

Office use only

NAME OF APPLICANT – AS IT APPEARS IN PASSPORT

Last Name | First Name | Other Initials

To be completed by employer only if applicant was responsible for caring for CHILDREN with special needs – use black ink.

Name of referee (please print) _____ **Profession** _____

Address _____

Telephone Day _____ Evening _____ Mobile _____

The Au Pair in America Interviewer or American host family may telephone you to discuss this reference.

Do you speak English? Yes ☐ No ☐ Best time to call _____

Are there any dates in the near future when you will not be contactable? (e.g. holidays) _____

Are you related to the applicant? Yes ☐ No ☐ (*Please note relatives may not complete this form.)*

Please note: That references are checked and falsifying a reference may result in the applicant being withdrawn form the programme.

How long have you known the applicant? _____ How do you know the applicant? _____

How long have you employed the applicant to care for children with special needs? From _____ To _____

How many children was the applicant responsible for? _____

How often does/did the applicant provide care? _____

Please list the ages and disabilities of the children cared for by the applicant (list the ages at the time the applicant was working for you).

Age	**Description of Special Needs**

Please give a full account of the of the applicant's duties related to caring for children with special needs. _____

_____

_____

Please give your opinion of the applicant's ability to handle new situations and possible stress, culture shock, etc. _____

_____

Please rate the applicant's qualities in the following areas, 1 = poor, 2 = below average, 3 = satisfactory, 4 = good, 5 = excellent

Love of children ☐ Understanding of special needs care ☐ Responsibility/Maturity ☐ Warmth/Compassion ☐

Ability to work with adults ☐ Ability to carry out instructions ☐ Independence ☐ Patience ☐

Would you recommend the applicant for placement as an Au Pair in the USA caring for children with special needs? Please give your reasons in as much detail as possible _____

_____

_____

Signature _____ **Date** _____

PLEASE RETURN TO THE APPLICANT ONCE COMPLETED