



Nassau Nursery School 2018-2019

Co-oping Reference Form

Child's Name _____

To Whom It May Concern:

_____ and/or _____ will be a co-operating classroom parent in one of our classes this year. We are required by the state of New Jersey to keep two references on file for each co-operating parent and would appreciate you completing this reference form.

1. How long have you known the candidate?
2. In what capacity/relationship?
3. Are these people in your opinion of good character?
4. Are you aware of any strengths or weaknesses that may relate to his/her performance in the classroom?

Signature

Date

Printed Name

I hereby give permission for the above information to be released and understand it will be confidential.

Co-operating Parent's Signature

Date