



## 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