



CET Team Leader Reference Form

One form *must be* completed by the applicant's **supervisor** or **department manager** (i.e., whoever will be approving time off work to do two (2) surveys per year).



Basic Information

Name of Applicant

Name of Reference

Relationship to Applicant

Reference's Phone

**In about 300 words, comment on the applicant's experience and abilities as they relate to:
Interacting with Others**

Flexibility & Adaptability

Objectivity

Facilitation Skills

Written Communication

Knowledge of Organizational Framework

Verification

Checking off this box verifies that the information provided is accurate and that the reference named above is authorized to submit it on the applicant's behalf.

Date that form was completed and verified by the Authorized Person

your completed form directly to ACDS Standards and Accreditation