WILLETTON SENIOR HIGH SCHOOL
SPECIALISED BASKETBALL STUDIES

willetton.shs.basketballprogram@education.wa.edu.au

CONFIDENTIAL REFERENCE FROM SCHOOL

STUDENT NAME	
REFEREE NAME / POSITION	
SCHOOL NAME	
DATE	

Please indicate the applicant's position in each criteria on each of the continuums, taking into consideration the high athletic and educational expectations of this elite program

○	○	○	○	○	Low	Classroom	Behaviour	High
○	○	○	○	○	Low	Listening	Skills	High
○	○	○	○	○	Low	Classroom	Work Ethic	High
○	○	○	○	○	Low	Self	Responsibility	High
○	○	○	○	○	Low	Leadership	Qualities	High
○	○	○	○	○	Low	Work effectively	with others	High
○	○	○	○	○	Low	Ability to	stay on task	High
○	○	○	○	○	Low	Ability to	succeed under duress	High
○	○	○	○	○	Low	Your	Recommendation	High

Does this student have any medical conditions, disabilities or learning difficulties that have been supported / accommodated by the school? If Yes, please specify.

Please ensure you have completed all the fields.

* Add the Applicant's name to the file name.

  E.g. TRAVERS Emma - School Reference for 2024 Basketball Application

* Please return this completed application form via email to: willetton.shs.basketballprogram@education.wa.edu.au