WILLETTON SENIOR HIGH SCHOOL

SPECIALISED BASKETBALL STUDIES



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

SCHOOL CONFIDENTIAL REFERENCE FORM

STUDENT NAME	
REFEREE NAME / POSITION	
SCHOOL NAME	
DATE	

Please indicate the applicant's position in each criteria on each of the continua in consideration of the high athletic and educational expectations of this elite program. Please complete all the fields.

\bigcirc	0	($\mathbf{)}$	0	0	
Low		Classroom	Behaviour		High	
0	0	(0	0	
Low		Listening	Skills		High	
0	0	(0	0	
Low	<u> </u>	Classroom	Work Ethic	-	High	
0	0	(\mathbf{O}	0	0	
Low	-	Self	Responsibility		High	
0	0	(0	0	
Low		Leadership	Qualities		High	
0	0	($\mathbf{)}$	0	0	
Low		Work effectively	with others		High	
0	0	($\mathbf{)}$	0	0	
Low		Ability to	stay on task		High	
0	0	($\mathbf{)}$	0	0	
Low		Ability to	succeed under duress		High	
0	0	(\supset	0	0	
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.						

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

example: TRAVERS Emma - School Reference for 2025 Application

Please return this completed application form to: <u>willetton.shs.basketballprogram@education.wa.edu.au</u>