

PARENTAL REFERENCE FORM STUDENT SHORT-TERM MISSIONS

PLEASE COMPLETE THIS FORM AND RETURN IT TO: Cedar Crest Bible Fellowship Church
Development Team
1151 S. Cedar Crest Blvd
Allentown, PA 18103

Student's Name: _____

1. Please evaluate him/her in each of the following areas by circling the number that best correlates:

	Very Good			Needs Improvement	
Relationship to the Lord	5	4	3	2	1
Personal Bible Study and Prayer	5	4	3	2	1
Flexibility/Adaptability	5	4	3	2	1
Leadership Potential	5	4	3	2	1
Ability to get along with Others	5	4	3	2	1
Respect for Authority	5	4	3	2	1
Sensitivity to Others	5	4	3	2	1
Positive Attitude	5	4	3	2	1
Ability to Work Hard	5	4	3	2	1
Sense of Responsibility	5	4	3	2	1
Servant's Heart & Attitude	5	4	3	2	1
Involvement in Church Life	5	4	3	2	1
Ability to Share the Gospel	5	4	3	2	1

2. What are the strengths of this student that might help his/her team before or during this project?

3. What are any weaknesses of your son or daughter which might hinder his/her team before or during this project?

4. Are you in support of your son or daughters participation in this project? ___Yes ___No
Why or why not?

Thank you for your valued input

Name: _____ Signature _____

Phone: _____