



Leadership and Learning INSTITUTE

C/O The Business & Education Leadership Authority

4445 Corporation Lane
Virginia Beach, VA 23462

Mailing Address:

P.O. Box 65098
Virginia Beach, VA 23467

REFERENCE FORM

Instructions to the Applicant: You must complete reference forms from three professionals who are familiar with your current work, **one of which is from an individual certified by the Leadership and Learning Institute (LLI)**. Type or print your name and the reference's name where indicated below, and forward the form to the reference. **The completed form must be returned directly to you in a sealed envelope with the reference's signature over the seal.** Unsigned forms/envelopes will be returned. You will submit the sealed envelope to the Board.

Please check the appropriate box for the certification for which you are applying:

- Professional Coaching Certification
- Professional School Based Mentoring Certification
- Classroom Management Certification

To: _____ Re: _____
(reference's name) (applicant's name)

To the Reference completing this form: The above-named individual is applying for certification with LLI and has listed you as a reference. So that the Board may have sufficient knowledge to evaluate this applicant's qualifications, it is seeking the following specific information from you. Information must be provided on this form, although additional sheets may be attached if necessary. **The completed form must be returned directly to the applicant in a sealed envelope with your signature over the seal; any unsigned envelope will be returned and may delay file review.** Original signature is required; faxed copies are not acceptable.

1. The time period (dates) during which you have known the applicant:

2. Your professional relationship with the applicant:

3. Your judgment regarding the applicant's training, experience, and professional skills:

4. The applicant's adherence to legal and ethical standards:

5. Areas of concern, further comments, and recommendations to the Board:

Reference's Name (type or print)

Reference's Signature

Date: _____

Address

E-Mail Address _____

City, State, Zip Code

Day Telephone # _____