DRUG-FREE ALL STAR REFERENCE FORM TO BE COMPLETED BY PRINCIPAL, TEACHER OR COUNSELOR AND

A NON-RELATIVE, SUCH AS AN EMPLOYER, PASTOR OR OTHER COMMUNITY MEMBER FROM OUTSIDE THE APPLICANT'S SCHOOL

TO THE REFERENCE:

You have been asked to be a reference for an applicant to the Drug-Free All Star program. The selection committee attaches considerable weight to the statements made by the references of the applicant.

Please mail this form postmarked by Saturday, May 31, 2025 to: The Coalition

Attn: Abby Baker P.O. BOX 152236 Lufkin, TX 75915

Reference forms may also be emailed to Abby Baker at <u>abaker@angelinacoalition.org</u>. Subject line should include student's full name and "DFAS Reference."

ANTEICHNI MANNE.	
Name of Reference:	
Position/Title:	School/Organization:
Mailing Address:	
Phone:	Relation to the Applicant:
1. For how long and in wh	nat capacity have you known the student (applicant)?
,	he applicant's primary talents or strengths?
	ne applicant to be a leader in standing against drugs, alcohol, tobacco and ding ELF, Puff/Air bars)?

	Exceptional	Excellent	Good	Average	Poor	Unable to Judge
Character						
Concern for others						
Responsibility						
Leadership						
Participation						
Ability to work with others						
Maturity						
Poise						
Oral Communication Skills						
Persistence & Drive						
Interest in community						
Analytical ability						

Thank you for filling out this reference form!