



SEVEN OAKS
SCHOOL DIVISION
community begins here

SEVEN OAKS SCHOOL DIVISION **2 of 3**

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Telephone: (204) 586-8061 - Fax: (204) 586-6080
e-mail: lydia.sheyka@7oaks.org

REFERENCE FORM - CATEP

Date: _____

Name of Applicant

The person listed above has applied for the Community Aboriginal Teacher Education Program (CATEP). This involves working as an Educational Assistant in Seven Oaks School Division while studying to complete a BA/BEEd program. Please complete the questions below and attached to your application package and send to Lydia Sheyka, at the above address.

1. How long have you known this person and in what capacity?	Are you related? _____
2. What experiences does this candidate have which might indicate that he/she could become a good language teacher?	
3. What qualities does this person possess that would be an asset to teaching?	
4. In what ways does this person contribute positively to the lives of children?	
5. In what ways does this person contribute positively to Indigenous education?	
6. Are there any concerns that you have regarding this candidate? If yes, please specify.	yes _____ no _____
7. Are you willing to allow the candidate to see this reference form upon request? yes _____ no _____	

Name

Position

Telephone Number

Signature

e-mail address