



## Au Pair Reference

Please type or print in dark ink. Completed references should be sent directly to the EurAuPair program office/representative.

Name of Applicant: \_\_\_\_\_ ID Number: \_\_\_\_\_

**Reference Information:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Do you speak English?  Yes  No

How many years have you know the applicant? \_\_\_\_\_

Please describe your relationship to the applicant: \_\_\_\_\_

The applicant has applied for participation in the EurAuPair Intercultural Child Care Program. EurAuPair is an international exchange organization dedicated to fostering cultural enrichment and intercultural understanding through youth exchange programs. If accepted, the applicant will spend a year living with an American host family, participating directly in their home life, providing child care assistance (45 hours each week), and attending a U.S. post-secondary educational institution. In order for EurAuPair to better evaluate the applicant's eligibility for the exchange experience we would appreciate your opinion on the following:

1. From your knowledge of the applicant, please rate her/him in the following areas:  
 Ex = Excellent, V Gd = Very Good, Gd = Good, Fr = Fair, Pr = Poor, or leave blank if unknown.

	Ex	V Gd	Gd	Fr	Pr		Ex	V Gd	Gd	Fr	Pr
Overall Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Entertain Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Humility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Follow Preset Guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate the responsibilities with which, in your opinion, the applicant could be entrusted:

Yes	No	Unknown		Yes	No	Unknown	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child(ren)'s Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baths for Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervise Child(ren)'s chores
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child(ren)'s Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan Child(ren)'s Activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Light Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Infant(s) (older than 3 months)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care for Sick Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift/Carry Child(ren)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mentally Handicapped Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physically Handicapped Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care for Twins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Care of Multiple Children/Different Ages

3. Has the applicant taken care of your child(ren) or child(ren) under your care?  Yes  No

When did the applicant last care for the child(ren)? \_\_\_\_\_

How old are/were the child(ren) while under the applicant's care? \_\_\_\_\_

How often does/did the applicant care for the child(ren)? \_\_\_\_\_

4. Do you feel perfectly comfortable recommending the applicant to a prospective host family, understanding that she/he will spend a year living with the family and caring for their child(ren)?  Yes  No

Additional Comments/Observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. To your knowledge has the applicant ever been arrested or shown any socially unacceptable behavior?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. To your knowledge has the applicant ever abused alcohol, and/or used illegal drugs or other controlled substances?  
 Yes  No If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

7. To your knowledge has the applicant had any psychological or emotional problems?  Yes  No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. In your opinion, what are the applicant's strongest qualities? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_