



John Salomone
Town Manager

TOWN OF NEWINGTON

131 Cedar Street Newington, Connecticut 06111

Bruce Till
Superintendent

Parks & Recreation Department

Counselor-In-Training Recommendation Form

Applicant's Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Have you had the opportunity to observe the applicant with children approximately 5 through 9 years of age (Kindergarten through grade 4)? If so, in what type of setting?

How would you describe the applicant's character, temperament and maturity level?

How well does the applicant interact with others?

CIT Applicant's Name: _____

From your observation, what will this individual offer our Summer Playground program?

Additional Comments: _____

If we have questions, may we contact you? Yes ____ No ____

If yes, please provide us with your telephone number and the best time to contact you.

Phone Number: _____

Best time to contact you: _____

Print Name: _____

Organization (if applicable): _____

Signature _____ Date _____

Thank you for your assistance in evaluating this individual!