



respiteservices.com

CHAP Worker Name:

Name of Reference:

Phone Number:

Position Held:

1. How do you know the CHAP worker and how long have you known them?
2. Would you be pleased to have him/her work with you again?
3. Have you observed him/her work with children/adults?
4. What qualities does s/he have that would work well as a CHAP Worker supporting individuals with a disability?
5. How would you describe his/her personal characteristics?
6. Is the CHAP worker able to work independently?
7. From your experience, please give an example of this person's reliability and commitment
8. Would you leave your children in care of this person?
9. Can you identify any areas of development or improvement for the CHAP worker?
10. Is there anything we should know about this applicant that could affect their ability to provide support as a respite worker?