

PROFESSIONAL EVALUATION FORM

Printed name of person you are referring: _____

Printed name of person providing reference: _____

How long have you known this person? _____

Please circle appropriate number for each item. Ratings are as follows:

4 = Exemplary 3 = Superior 2 = Proficient 1 = Inadequate

Commitment to the teaching profession and enjoyment of children:

4 3 2 1

Good listening, speaking, and writing skills:

4 3 2 1

Welcomes parental involvement in the classroom and in school activities:

4 3 2 1

Ability to create positive relationships with all staff members:

4 3 2 1

Works effectively with the community to promote the school:

4 3 2 1

Motivates, inspires, and guides students to high levels of achievement through purposeful learning activities:

4 3 2 1

Responds well to criticism and direction:

4 3 2 1

Organizational skills are strong for effective classroom management:

4 3 2 1

How you would rate this applicant as compared to other teachers with whom you have worked or whom you know:

4 3 2 1

What was/is your professional relationship with the applicant?

Position held by applicant:

Additional comments:

Reference's Signature

Date

Waiver of access to this recommendation:

Applicant, please sign waiver BEFORE sending to reference person.

I waive my right to review this recommendation and hereby establish this as a confidential record.

I do not waive my right to review this recommendation and hereby establish this as a non-confidential record.

Applicant's Signature

Date