

Please return to the:

DELL CITY INDEPENDENT SCHOOL DISTRICT, P.O. Box 37, Dell City, TX 79837
Phone: (915) 964-2663 FAX: (915) 964-2880



Instructional Reference Form

Section 1: To be completed by applicant

Applicant's Name: _____	Social Security #: _____
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Applicant's signature is provided authorizing the release of employment information. _____

Section 2: Applicant must fill in the name of the person providing the reference, school, address and contact information. Professional Skills section to be completed by the current or former principal, assistant principal, department chair, team leader, supervising teacher or college professor who has knowledge about teaching abilities.

Name: _____ School: _____ Address: _____ Signature: _____	Phone number: () _____ Position: _____ Relation to applicant: _____ Date: _____
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Professional Skills (please place check in appropriate box)	Consistently Exceeds	Usually Exceeds	Meets	Below	N/A
Communication Skills: oral, listening, & writing					
Subject matter knowledge					
Planning and organization					
Classroom Management (discipline)					
Adapts instruction to age & ability level					
Individual leadership					
Group leadership					
Work standards					
Tolerance for stress					
Organizational sensitivity					
Judgment					
Personal appearance					
Rapport with parents					
Student/Teacher rapport					
Test preparation & analysis					
Record keeping					
Knowledge & use of technology					
Dependability					
Initiative/Resourcefulness					
Shows emotional stability					
Adaptability					
Ability to work with others					
Identify, comprehend & demonstrate ethics					

How long have you know the applicant? _____ and in what capacity? _____
late? _____ How many days of work did the applicant miss or was _____
Do you recommend this person for employment? Yes _____ No _____ If not, why? _____

Do you know of any reason why this person should not work with students ? No ____ Yes ____ If yes, why? _____
Comments: _____