

UNION COUNTY PUBLIC SCHOOLS - HUMAN RESOURCES DIVISION

CONFIDENTIAL LICENSED TELEPHONE REFERENCE FORM

Applicant's Name: _____ Position Desired: _____

Recommender's Name: _____ Title: _____

School or Organization: _____ Phone: _____

Address: _____

Street City State Zip

Principal's/Supervisor's Printed Name _____

Principal's/Supervisor's Signature _____ Date: _____

Indicate the recommender's appraisal of the applicant

Qualification Characteristics	Exceeds Expectations	Meets Expectations	Needs Improvement	Unsatisfactory	Not Observed
Character (general conduct, ethics, morals)					
Personal appearance (dress, grooming)					
Promptness, thoroughness and dependability					
Understanding of child growth/development					
Thorough knowledge of subject matter					
Management of instructional time					
Evidence of planning, use of resources					
Management of student behavior					
Skill in motivation of students					
Monitoring of student performance					
Decision making skills					
Communication skills (oral)					
Communication skills (written)					
Handling of routines/responsibilities					
Assumption of non-instructional duties					
Willingness to accept criticism					
Enthusiasm toward work					
Creativity as evidenced in work					
Evidence of professional growth					
Ability to work without close supervision					
Ability to work closely with others					
Interaction with students					
Interaction with co-workers					
Interaction with supervisors					
Interaction with parents					
Overall Rating					

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Would you hire (or re-hire) this person for a position in your organization? Yes No

Identify specific strengths or areas in need of improvement. _____

Additional comments: _____