

**Florence School District One
319 South Dargan Street
Florence, SC 29506-2589
Professional Reference Form**

Name of Applicant	Name of Reference
Address of Applicant	Address of Reference
Subject Area or Position	Phone Number of Reference

The applicant's signature below indicates waiver of the right to see this form; therefore, the information you provide on this form will be considered confidential. If the applicant does not sign the waiver below, we cannot insure that the applicant will not have access to your ratings.

1. Excellent (Top 10%) 2. Above Average (Top 25%) 3. Average Middle (50%) 4. Below Average (25%) X. Unknown

	1	2	3	3	X		1	2	3	4	X
Interaction with pupils						Classroom organization					
Interaction with colleagues						Classroom management					
Interaction with parents						Record keeping					
Interaction with community						Evaluation of student progress					
Attendance						Attitude toward teaching profession					
Professional growth						Involvement with activities					
Attitude toward supervision						Potential for success as a teacher					
Use of standard English						Personal appearance					
Knowledge of content area						Cooperation					
Instructional planning						Dependability					
Ability to accept corrective feedback						Enthusiasm					

1. Length of acquaintance with applicant
2. Capacity in which you know or knew the applicant
3. Have you supervised the applicant? YES NO
4. Have you seen the applicant teach? YES NO
5. Would you want the applicant to teach your child? YES NO
6. Would you employ or re-employ the applicant? YES NO
7. If the applicant left your organization, why?
8. Would you prefer to discuss by phone? YES NO

Additional Comments:

<p>I hereby waive the right to review the confidential reference information provided on this form.</p> <p>Signature of Applicant _____ Date _____</p>	<p>Signature of Evaluator/Position _____ Date _____</p>
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