



# REFERENCE EVALUATION FORM

## TO THE APPLICANT

Please complete the top portion (name, social security number and position applying for) prior to your submission of this form to the individuals who will provide reference evaluations.

<b>APPLICANT'S NAME</b> (Last) <input type="checkbox"/> (First) <input type="checkbox"/> (Middle) <input type="checkbox"/>	<b>FORMER LAST NAME(S)</b> _____
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<b>APPLICANT'S SOCIAL SECURITY NUMBER</b> _____ - ____ - ____	<b>POSITION DESIRED:</b> Teacher of: _____      Other: (Please describe.) _____
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## TO THE EVALUATOR

The applicant named above is applying for a position with the Miami-Dade County Public School system. We would appreciate having you rate the applicant in the following categories. This evaluation will have restricted use. The evaluator is requested to complete, fold, and return this self-addressed mailer. Your cooperation is appreciated. Thank you.  
**FRIENDS OR RELATIVES ARE NOT ACCEPTED.**

	OUT- STANDING	GOOD	NEEDS IMPROVEMENT	UNSATIS- FACTORY	UNABLE TO RATE
<b>Personal Appearance</b>					
<b>Scholarship</b>					
<b>Adaptability To New Ideas</b>					
<b>Use of Sound Judgement</b>					
<b>Self-Control and Poise</b>					
<b>Cooperation &amp; Helpfulness</b>					
<b>Use of English: Oral</b>					
<b>Written</b>					
<b>Skill As An Instructor</b>					
<b>Discipline in Classroom</b>					
<b>Ability to Work With Others</b>					
<b>Productivity</b>					
<b>Attendance</b>					

1. How long have you known the applicant? \_\_\_\_\_  
(Years)
2. In what capacity? \_\_\_\_\_
3. If applicant left your employ, why?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Would you recommend applicant for position applied for?  
 YES     NO (If your answer is NO, please explain.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Would you re-employ?     YES     NO  
 (If your answer is NO, please explain.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. General comments about the applicant.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_