

School Board of Levy County
P.O. Box 129
Bronson, FL 32621
(352)486-5231 (352) 486-8249 - Fax

INSTRUCTIONAL REFERENCE FORM

Applicant's name: _____ **Social Security#** _____

The above listed is an applicant with the School Board of Levy County. Please answer the questions below which will help us make important staffing decisions. Thank you for your time and input.

- When applicant worked with you, what was their position? _____
- Between what dates did you work with the applicant? _____
- In what capacity did you work with the applicant? _____

Rate the applicant on the following topics on a scale of 1-5 (low to high) and include any comments:

1. Understanding of content knowledge _____
2. Designing Coherent instruction _____
3. Ability to establish a culture of learning _____
4. Ability to manage a classroom and student behavior _____
5. Use of quality questioning techniques in the classroom _____
6. Communication with students _____
7. Communication with families _____
8. Ability to reflect on their own teaching practices _____
9. Ability to maintain records _____
10. Willingness to grow professionally _____
11. Professionalism _____
12. Oral communication skills _____
13. Written communication skills _____
14. Interpersonal relations _____

- On a scale of 1 to 10 (low to high), how would you compare the applicant to other employees you have supervised or worked with in similar positions? _____
- If a position were available, would you recommend for hire/rehire? _____ Yes _____ No
- Do you know of any reason this applicant should not be employed to work with children?
Yes ___ No ___ If yes, explain: _____
- Can you think of anyone else who would be important to contact before making an employment decision regarding this applicant? _____