



REFERENCE EVALUATION FORM

TO THE APPLICANT

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

Please scan and attach the completed form to your candidate profile.

APPLICANT'S NAME	(Last)	(First)	(Middle)	FORMER LAST NAME(S)
<hr/>				

POSITION DESIRED:

Teacher of: _____ Other: (Please describe.) _____

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. Your cooperation is appreciated. Thank you.

FRIENDS OR RELATIVES ARE NOT ACCEPTED.

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

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 _____