

SHARYLAND INDEPENDENT SCHOOL DISTRICT PROFESSIONAL REFERENCE FORM

Name of Applicant

Social Security Number

Other name, if any, under which I taught or attended college

Present Address Street & Number

City

State

Zip Code

I have submitted an application for a teaching/administrative/special services position with Sharyland Independent School District. I have asked for an assignment in the following areas:

_____ or in _____
since recommendations are required for the consideration of my application, your prompt completion of this recommendation form would be greatly appreciated. For your convenience, I have attached a stamped envelope. Thank You.

Sincerely Yours, _____

Applicant's Signature

Check each item below in one of the six columns	Top		Middle		Bottom	No Basis for
	10%	20%	40%	20%	10%	Judgment
	↑	↑	↑	↑	↑	↑

GENERAL QUESTIONS

PERSONAL QUALITIES						
1. GENERAL APPEARANCE						
2. ENTHUSIASM FOR TEACHING						
3. VOICE (PLEASING, STRONG)						
4. HEALTH						
5. PUNCTUALITY, DEPENDABILITY						
6. INITIATIVE						
7. SELF RELIANCE						
8. TACT						
PROFESSIONAL & SOCIAL TRAITS						
1. UNDERSTANDING CHILDREN						
2. KNOWLEDGE OF SUBJECT MATTER						
3. POSITIVE ATTITUDE						
4. CO-OPERATION AND LOYALTY						
5. PROFESSIONAL INTEREST						
6. PROFESSIONAL GROWTH						
7. JUDGMENT, COMMON SENSE						
8. USE OF ENGLISH						
9. USE OF SPANISH						
CLASSROOM MANAGEMENT						
1. CLASS CONTROL						
2. INTEREST IN STUDENTS						
3. LEADERSHIP QUALITIES						
4. WORKS WELL WITH STUDENTS						
5. WORKS WELL WITH PARENTS						
6. CARE OF ROOM						
7. RECORDS AND REPORTS						
TECHNIQUES OF TEACHING						
1. TEACHING EFFECTIVENESS						
2. TEACHING SKILLS						
3. MOTIVATION OF STUDENTS						
4. DAILY PREPARATION						
5. ATTENTION TO STUDENTS						
POTENTIAL FOR SUCCESS: Overall Rating						

1. Have you seen applicant teach?
 Yes No
2. For how long and in what capacity have you known applicant? _____

3. Is applicant open-minded and receptive to suggestions? _____

4. Could applicant remain in present position?

5. If applicant were applying to you for similar position and you had the authority to employ, would you offer employment?

6. Would you like for this applicant to teach your children?

7. To your knowledge has applicant ever been asked to resign, been fired, or failed to be reemployed as a teacher? If so, please explain?

DOES APPLICANT HAVE ANY PHYSICAL, MORAL, MENTAL OR SOCIAL CHARACTERISTICS OR HABITS, WHICH ARE UNDESIRABLE IN A TEACHER? IF SO, PLEASE EXPLAIN.

GENERAL REMARKS OR EXPLANATIONS

NAME OF REFERENCE

TITLE OR POSITION OF REFERENCE

ADDRESS OF REFERENCE

CITY

STATE

ZIP

PHONE NUMBER

SIGNATURE OF REFERENCE

DATE

NAME OF APPLICANT

**PLEASE RETURN RECOMMENDATION FORM TO THE:
SHARYLAND INDEPENDENT SCHOOL DISTRICT
OFFICE OF HUMAN RESOURCES AND PUBLIC INFORMATION
1106 N. SHARY ROAD MISSION, TX 78572
PHONE: (956) 584-6400 FAX: (956) 580-5231**

WWW.SHARYLANDISD.ORG