

Applicant's Name: _____ Phone: _____

PROFESSIONAL REFERENCE

TO BE COMPLETED BY REFERENCE			
NAME OF REFERENCE			TELEPHONE
ADDRESS	CITY	STATE	ZIP
SIGNATURE		YEARS KNOWN	SIGNATURE DATE DATE / /
WHAT HAS BEEN YOUR PROFESSIONAL RELATIONSHIP TO THE APPLICANT?			
NAME OF FACILITY/SCHOOL			

The applicant, whose name appears at the top of this form, has applied to be considered as a teacher in the Diocese of Rockford School System. Quality education depends, to a great extent, upon the personal and professional talents of a teacher. We ask for a candid appraisal of the applicant.

PERSONAL QUALIFICATIONS	Below Expectations	At Expectations	Exceeds Expectations	Not Observed
Ethical and moral values	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Intellectual ability	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Judgment and decision making	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Acceptance of responsibility	↓ ↓	↓ ↓	↓ ↓	↓ ↓

PROFESSIONAL QUALIFICATIONS	Below Expectations	At Expectations	Exceeds Expectations	Not Observed
Ability to relate to staff	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Ability to relate to students	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Teaching performance	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Classroom management	↓ ↓	↓ ↓	↓ ↓	↓ ↓
Professional growth	↓ ↓	↓ ↓	↓ ↓	↓ ↓

COMMENTS

RETURN TO: Catholic Education Office
 555 Colman Center Drive
 P.O. Box 7044
 Rockford, IL 61125