

The School Board of Broward County, Florida

Instructional Staffing Department
600 Southeast Third Avenue, Fort Lauderdale, Florida 33301
Phone (754) 321-2320 FAX (754) 321-2716

REFERENCE FORM

Teacher Application Reference

Substitute Teacher Application

Section I: To be completed by the Applicant

Applicant's Name: _____ (Last Four Digits Only)
Social Security Number: XXX-XX-____ _

has applied for an instructional position in the following area/s: _____

Section II: To be completed by the Evaluator

	Excellent	Good	Average	Below Average	Unacceptable	Not Observed
CLASSROOM MANAGEMENT	<input type="radio"/>					
ABILITY TO PLAN AND ORGANIZE	<input type="radio"/>					
USES GOOD JUDGEMENT	<input type="radio"/>					
SENSITIVITY TO OTHERS	<input type="radio"/>					
SHOWS LEADERSHIP	<input type="radio"/>					
SHOWS INITIATIVE	<input type="radio"/>					
DECISION MAKING SKILLS	<input type="radio"/>					
TOLERANCE FOR STRESS	<input type="radio"/>					
COMMUNICATION SKILLS	<input type="radio"/>					
ADAPTABILITY/COOPERATION	<input type="radio"/>					
OVERALL JOB PERFORMANCE	<input type="radio"/>					

I have known this applicant:
 as a student as an employee
 personally as a co-worker

Dates of employment or length of time you have known the applicant (mm/yr):
From ____ / ____ to ____ / ____

Position or job title of the applicant when employed:

Your title at the time you supervised the applicant:
(If applicable)

Do you know of any reason why it would not be advisable for this individual to be employed in a capacity where he/she would come in contact with children? Yes No

If yes, please explain: _____

I would employ or reemploy this individual: Yes No

ADDITIONAL COMMENTS: _____

Please include a phone and fax number where you can be reached to verify this reference.

Phone: () _____ Fax: () _____

School/Company Name: _____ Date: _____

Address: _____

Evaluator's Signature: _____ Print Name: _____