



Talent Acquisition & Operations – Instructional

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

REFERENCE FORM

Section I: To be completed by the Applicant	
Applicant's Name:	Personnel #, if BCPS employee:
Has applied for an instructional position in the following area/s:	

Section II: To be completed by the Evaluator
I have known this applicant: <input type="checkbox"/> as a student <input type="checkbox"/> as an employee <input type="checkbox"/> personally <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:
I would employ or reemploy this individual: <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Comments:

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

Please include a phone and an email address where you can be reached to verify this reference.	
Phone:	Email:
School/Company Name:	Date:
Address:	
Evaluator's Name:	Evaluator's Signature:

This form will be shown to the applicant or other members of the public only upon specific request, in compliance with Florida Statute 119, Public Records Laws. 06/2023