



ST. JOHN PAUL II
CATHOLIC SCHOOL

Applicant Name (Please print neatly)

Social Security Number

Date

"I hereby give St. John Paul II Catholic School permission to make inquiries of references and former employers concerning my general character and professional performance. I hereby authorize the party receiving this form to give full and complete information, as may be requested by them or me. I further agree that the information will not be disclosed to me but will be treated as confidential, and waive my right to see this information."

Applicant's Signature

(See other side of page)

	SUPERIOR	STRONG	AVERAGE	FAIR	POOR
PERSONAL APPEARANCE (attractive, neat)					
PHYSICAL FITNESS (free from chronic ailments)					
PERSONALITY (wholesome, pleasing)					
SOCIAL QUALITIES (maturity, communication)					
CHARACTER (evidence of strength)					
ETHICS (professional relationships)					
EMOTIONAL STABILITY (self-control, adjusted)					
CITIZENSHIP (community standing)					
COMMUNICATION SKILLS (oral and written)					
INTELLECTUAL CAPACITY (alert, responsive)					
KNOWLEDGEABLE OF SUBJECT AREA					
ATTITUDE TOWARD CHILDREN (interested, caring)					
COMMUNICATION WITH PARENTS (professionally effective)					
DISCIPLINE (effective and constructive)					
UP-TO-DATE PROFESSIONALLY (continual professional growth)					
PROFESSIONAL SUCCESS (as a teacher, or school counselor, librarian or nurse)					
GENERAL RATING					

How long have you known applicant? _____

Would you recommend him/her for employment as a teacher (or counselor, nurse, librarian)? Yes ___ No ___

If no, why not? _____

The above information is based on: (Check items which apply)

1. Personal acquaintance with applicant ___ 3. Student teacher under my supervision ___
2. Worked under my supervision ___ 4. Other (indicate below) ___

MAJOR STRENGTHS AND WEAKNESSES:

Institution

Position/Title

Phone Number

Name (please print)

Address

City

Zip

Signature

APPLICANT

Please give this professional reference form to a person you want to recommend you and request that they complete and mail this form to:

**St. John Paul II Catholic School
Office Manager
1400 Parkway Plaza Drive
Houston TX 77077**

College graduates may request a letter of recommendation from their professors or the supervising teacher during student teaching. Recent graduates may have a university placement folder (with evaluations) sent to the above address instead of the referral forms.

All referrals, letters of recommendation or placement folders must be mailed (do not fax) directly from the individual or university to this office. Referrals should not pass through the hands of the applicant.

Thank you!