

PERSONAL REFERENCE FORM

St. Clair County Board of Education
 410 Roy Drive Ashville, AL 35953
 205-594-7131 (Phone) 205-594-4441 (Fax)

APPLICANT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ SOCIAL SECURITY # _____

You have been asked to be a personal reference for the person listed above. Please complete the following questionnaire concerning the educational and professional teaching experiences of the applicant. This information will be confidential.

What is your **professional relationship** to the applicant? _____

How long have you known the applicant? _____

Do you recommend the employment of the applicant as a teacher/administrator? YES NO

Please rank the following:

	Poor	Fair	Average	Good	Excellent	Unknown
General Appearance						
Personality						
Health						
Voice						
Grammatical Usage						
Ability to get along with peers						
Ability to discipline						
Ability to work with children						
Initiative and interest in work						
Preparation of daily work						
Estimate of scholarship						

If the applicant has been employed in your school system, please state the number of days absent during the school term? _____

Name _____ Position _____

School/Business _____

Address _____

Phone _____ Date _____