

Manila School District Employment Reference Form

Applicant's Name _____
Address _____

Please complete the following information in regard to the above named applicant.

1. How long have you known the applicant? _____

2. Describe your relationship to the applicant: _____

3. Please rate the applicant on a scale of 1-5 using the following scale.

*5-Excellent 4-Above Average 3-Average or Good 2-Needs Improvement
1-I have no personal knowledge of this area.*

_____ Classroom Management or Discipline Skills	_____ Trustworthiness
_____ Knowledge of Content/Subject	_____ Overall Character
_____ Flexible - Adapts easily to change	_____ Organized
_____ Lesson Presentation/Knowledge of Pedagogy	_____ Rate of Attendance
_____ Fair	_____ Works well with Administration
_____ Lifetime Learner	_____ Works well with Students
_____ Time Management Skills	_____ Works well with Patrons/Parents
_____ Punctuality	_____ Works well with Staff
_____ Dependability	

4. Please share any additional information relative to job performance concerning the candidate.

The above information is a true and accurate representation to the best of my knowledge.

Signature

Date

Do not return this form to the applicant. Please mail this form to:
Manila School District
Office of Superintendent
P. O. Box 670
Manila, AR 72442

Or you may fax to: (870) 561-4410