

COFFEEVILLE SCHOOL DISTRICT
16849 Okahoma Street
Coffeeville, MS 38922-2593
Phone (662) 675-8941 · Fax 675-5004

REFERENCE EVALUATION FORM

PART I (To be completed by Applicant)

Three references are required. Please give to your most recent school principal or supervisor of student teaching.

Applicant Name _____ Social Security No. _____

Home Phone _____ Work Phone _____ Position Desired _____

Please complete the evaluation found in Part II below based on your knowledge of my background and return this form to the above address.
 I hereby _____ waive, _____ do not waive my right to access of this confidential recommendation obtained for my application for employment.

 Applicant Signature

PART II (To be completed by Evaluator)

COMMAND OF ENGLISH LANGUAGE:	fluent/precise	Correct in usage	Usually correct	Frequently incorrect
KNOWLEDGE OF SUBJECT MATTER:	Supenor	Adequate	Limited	Insufficient
SKILL IN INSTRUCTION:	Outstanding/innovative	Experienced	Unexceptional	Needs supervision
ENTHUSIASM FOR TEACHING:	Extremely enthusiastic	Enthusiastic	Usually involved	Not a self starter
CLASSROOM CONTROL:	Implements student self discipline	Consistent	Inconsistent	Little Control
PROFESSIONAL ATTITUDE:	Always professional	Professional	Usually professional	Frequently unprofessional
USE OF SOUND JUDGEMENT:	Exceptional	Good in common sense	Fair in judgement	Unreliable
RELIABILITY:	Always dependable	Usually dependable	Fairly reliable	Inconsistently reliable
CHARACTER:		Above average	Average	Fair
RELATIONSHIP WITH OTHERS:	Superior	Above Average	Satisfactory	Frequently annoying
COOPERATION:	..Outstanding	Cooperative	Usually Cooperative	Uncooperative

Would you recommend applicant for position applied for? Yes _____ No _____

Would you reemploy? Yes ___ No _____ If no, please explain _____

General comments _____

Name _____ Title _____ Phone # _____

School District/Business Address _____

Signature _____ Date _____