

To: _____
 Name of Reference (Please Print)

I have submitted an application for the position of _____ with Norton City Public Schools. Because I cannot be considered for employment until my references are on file, please check the items listed below and mail this form at your earliest convenience directly to:

Norton City Schools, P.O. Box 498, Norton, Virginia 24273

I authorize you to release the information requested within this form. I release you and the Norton City School Division from any liability in connection with the release of this information.

Under the provisions of the Family Educational Rights and Privacy Act of 1974:

I have retained, waived my right to access my reference's response.

Applicant's Signature _____ Print Name _____ Date _____

(This section to be completed by Reference)

Consider this applicant in relation to the following teacher dimensions. Please indicate your rating by checking the appropriate box using the following scale:

5=Extremely competent/professional 4=Very competent/professional 3=Competent/professional
 2=Less than competent/professional 1=Much less than competent/professional 0=No basis for judgment

Teacher Dimensions	5	4	3	2	1	0
Planning –content coverage, utilization of instructional materials, goal focusing and diagnosis						
Management of Student Conduct – clear expectations, monitoring, control, consistency, praise						
Instructional Organization and Development – efficient use of time, review of subject matter, lesson plan development, teacher academic feedback, management of seatwork/homework						
Presentation of Subject Matter – instructional sequencing to reinforce learning, questioning techniques to promote student thinking, transition between activities, teacher movement						
Verbal and Nonverbal Communication –control, emphasis, enthusiasm, speech/grammar quality, body language						
Testing – preparation for testing, test administration, formative feedback						

PLEASE CHECK THE APPROPRIATE ITEMS:

Professional/Personal Qualities	Excellent	Very Good	Good	Fair	Poor	Unknown
Quality of Work/Work Habits						
Ability to Work with Others						
Dependability/Attendance						
Attitude/Enthusiasm/Energy						
Judgment/Common Sense						

Comments: (Attach if necessary) _____

Signature of Person Completing Form _____

Date _____ Phone _____

Title _____

Address _____