

QUILLAYUTE VALLEY SCHOOL DISTRICT NO. 402
CONFIDENTIAL PROFESSIONAL REFERENCE FORM

APPLICANT INSTRUCTIONS:

It is the applicant's responsibility to forward this form to the reference provider and instruct the reference provider to send it directly to our District. The address is: Quillayute Valley School District, Attn: Carie Micheau, 411 S. Spartan Avenue, Forks, WA 98331. The applicant should provide a stamped envelope addressed to the receiving district(s) for the reference provider's use. The applicant then must read and sign the authorization below for the reference to be valid:

*I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide any information regarding my employment/association to the **Quillayute Valley School District**. I hereby release and discharge those who provide information and the designated school districts from any and all liability as a result of furnishing and receiving this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.*

Applicant Signature (Required)

Date

Applicant Print Name

REFERENCE EVALUATOR INSTRUCTIONS:

The above-named applicant has applied for a position with the **Quillayute Valley School District**. We ask that you carefully evaluate this individual in terms of your knowledge of him or her either as an employee or through other professional contacts.

Name of Reference Provider *(please print)*: _____

Reference Provider's Title: _____

Company or Organization: _____

Telephone: _____

Observation from: _____ to _____

Applicant's position during this evaluation period: _____

Have you observed this applicant: ___very few times? ___equal to one year? ___several years?

PLEASE COMPLETE THE ATTACHED EVALUATIVE GRID

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NAME OF APPLICANT: _____ has applied for a position with the **Quillayute Valley School District**. We ask that you carefully evaluate the applicant in terms of your knowledge of the applicant as an employee or through other professional contacts.

	NOT ENDORSED	HAS CERTAIN QUALIFICATIONS BUT INSUFFICIENT FOR ENDORSEMENT	ENDORSED	ENDORSED WITH CONFIDENCE	ENDORSED WITH ENTHUSIASM
<p><u>ORGANIZATION AND MANAGEMENT SKILLS</u> Displays skills in organizing and performing duties assigned. Has ability to identify problems and to assign and work within valid priorities. Able to delegate responsibility. Shows administrative initiative.</p>					
<p><u>COMMUNICATION</u> Shows ability to present ideas in a logical, well organized manner. Makes effective written and oral presentations to both professional and lay groups.</p>					
<p><u>PROFESSIONAL SKILLS</u> Capacity to analyze, absorb, and organize ideas. Understanding of educational initiatives and their implications.</p>					
<p><u>HUMAN RELATION</u> Shows sensitivity to the needs of the community, students and staff. Gives evidence of leadership and is able to work with individuals and groups. Helps resolve conflicts and builds morale. Is able to hold a point of view without giving offense.</p>					
<p><u>ACADEMIC PREPARATION</u> Shows evidence of breadth and depth of scholarship, self-motivation and continuous professional growth in keeping abreast of current trends, methods and publications appropriate for this position.</p>					
<p><u>PROFESSIONAL ATTITUDE AND ETHICAL STANDARDS</u> Shows professional integrity. Has an acceptable code of professional ethics. Handles confidential materials appropriately.</p>					
<p><u>PROFESSIONAL EXPERIENCE AND GROWTH</u> Extent to which the candidate takes advantage of opportunities for professional growth. Takes advantage of new assignments in order to expand experiences.</p>					
<p><u>OVERALL PERSONAL AND PROFESSIONAL FITNESS FOR THE POSITION</u> This rating is not an average of the items above. It is an overall summary of your evaluation of the candidate's fitness for this position.</p>					

COMMENTS (Attach page if necessary): _____

I am ___ aware ___ not aware of any circumstance or incident that would preclude our school district from re-contracting or rehiring this individual.

NAME OF REFERENT/POSITION

SIGNATURE

DATE