

Mrs. Brenda Davidson

Headmaster

Phone: 281-391-5003

5618 Eleventh Street Katy, Texas 77493-1971

www.aristoiclassical.org

Fax: 281-391-5010

REFERENCE FORM

Please Print or Type

Applicant's Name

Applicant's SS #

Position for Which Applying
(Elementary, Secondary, Teaching Field, etc.)

Dear _____

I am applying for a position with Aristoi Classical Academy. I give you permission to complete this form.

Applicant's Signature

Date

Complete the evaluation below by placing an **X in the allotted spaces.**

(3) Exceeds Expectations (2) Meets Expectations (1) Needs Improvement (0) No opportunity to observe

CHARACTERISTICS	3	2	1	0
A. PERSONAL QUALITIES				
1. Attendance/Punctuality				
2. Ability to express ideas: Communicates in a clear, concise manner; chooses words skillfully; organizes ideas effectively				
3. Attitude toward work: Accepts new challenges in a cooperative manner; adapts to new ideas and change				
4. Leadership qualities: Commands confidence and respect; assumes responsibility; takes appropriate action on his/her own				
5. Supportive of School policies and procedures				
6. Professional judgment				
B. INTERPERSONAL SKILLS				
1. Relationship with administration				
2. Relationship with colleagues and co-workers				
3. Relationship with community and parents				
4. Attitude toward students				
5. Response to supervision: Accepts suggestions willingly; profits from help; ability to work as a team member				
6. Recognizes individual differences				
C. INSTRUCTIONAL STRATEGIES/TECHNIQUES				
1. Knowledge and presentation of subject matter				
2. Stays current in subject matter				
3. Uses a variety of instruction methods and provides for different learning styles				
4. Classroom management and discipline				
5. Effective classroom organization				
6. Success or probable success as a teacher				

continued ...

Applicant's name

How long have you known the applicant? _____

Relationship to applicant: _____

Would you employ/re-employ this applicant? _____

Applicant's most outstanding professional strength:

Applicant's professional limitations:

ADDITIONAL COMMENTS:

Person Providing Reference (Please Print)

Official Title/Position

Telephone Number

Signature

ISD/Organization/School

Date

Please return both pages either via fax: (281) 391-5010 Attn: *The Administrator* OR
US mail to: *The Administrator – Aristoi Classical Academy – 5618 Eleventh Street – Katy, TX 77493-1971*