

Reference Feedback - Pinellas County Schools

Applicant Name: _____

Evaluator Name: _____

Job Title

Company/Organization

Address

City

State

Zip

Telephone
Number

Number of years worked under my supervision:

Dates of employment: From
Date

mm/yyyy (ex: 07/2010)

Dates of employment: To Date

mm/yyyy (ex: 07/2010)

Position held by applicant (e.g. Title, grade, subject)

*In what capacity did the applicant work for you

If other, please specify

*To the best of your knowledge, has this applicant ever had his or her contract altered or denied for any cause other than a district or school-wide reason (e.g., reduction-in-force)?

- Yes No Not Applicable

PROFESSIONAL TRAITS

If you are not allowed to provide a reference, please select the checkbox option below and select the "N/A" option in the Professional and Instructional Traits sections.

Due to company policy, I am only allowed to provide general employee information such as position held, dates of employment.

	Extremely competent	Very competent	Competent	Less than competent	Much less than competent	No basis for judgment
Overall Job Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional appearance and dress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMENTS, RECOMMENDATION & SIGNATURE

Other

Additional comments

List strengths and/or areas for professional growth

I have additional information I would like to share and request a call.

Yes No

***Would you recommend for employment/rehire?**

Yes No Not Applicable

***Do you know any reason why this person should not work with children?**

Yes No Not Applicable

Date: _____

Signature: _____

Print Name: _____