School Board of Levy County 480 Marshburn Drive Bronson, FL 32621 (352)486-5231 (352) 486-5249 - Fax

INSTRUCTIONAL REFERENCE FORM

Applicant's name:	Social Security	/#	
The above listed is an applicant with the School Board of Levy (County. Please a	nswer the que	estions
below which will help us make important staffing decisions. Th	ank you for your	[.] time and inp	ut.
When applicant worked with you, what was their positi	on?	·	
 Between what dates did you work with the applicant? 			
Rate the applicant on the following topics on a scale of 1-5 (low	v to high) and hi	clude any con	iments:
1. Understanding of content knowledge			
2. Designing Coherent instruction			
3. Ability to establish a culture of learning			
4. Ability to manage a classroom and student behavior			
 Use of quality questioning techniques in the classroom Communication with students 			
 Communication with students Communication with families 			
 Ability to reflect on their own teaching practices Ability to maintain records 			
10. Willingness to grow professionally			
11. Professionalism			
12. Oral communication skills			<u></u>
13. Written communication skills			
14. Interpersonal relations			
• On a scale of 1 to 10 (low to high), how would you comp	are the applican	t to other em	ployees
you have supervised or worked with in similar positions?			
 If a position were available, would you recommend for h 			
•			
• Do you know of any reason this applicant should not be	employed to wo	rk with childre	en?
Yes No If yes, explain:			

• Can you think of anyone else who would be important to contact before making an employment decision regarding this applicant?