

TO BE COMPLETED BY APPLICANT

Last Name: _____ First Name: _____ SSN: _____

Dear _____,
reference name

I am interested in becoming a teacher and am currently making application to the Region XIII Educator Certification Program (ECP). I would appreciate if you would complete the following reference form and submit it to the address shown below as soon as possible.

I hereby authorize you to submit this completed form to Region XIII. This information may be shared with personnel from school districts within Region XIII, but will not be revealed to me. Thank you for your assistance.

Sincerely,

applicant's signature

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Name: _____
 Association to Applicant: _____
 Title: _____
 Company/School: _____
 Address: _____
 Phone: _____
 Signature: _____
 Date: _____

1. Was the applicant employed in your company/school? Yes No
2. If so, was the applicant asked (directly or indirectly) to leave your company/school? Yes No
3. Will this person require more than average supervision? Yes No
4. Would you employ (re-employ) this person again? Yes No
5. Would you want this person to teach your child(ren)? Yes No

	Clearly Outstanding	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
Maturity/Judgment						
Presentation Skills						
Ability to do Academic Work						
Adaptability						
Professionalism						
Resourcefulness/Initiative						
Experience and Success in Training						
Classroom Management						
Critical Thinking Skills						
Open to Suggestions						
Attention to Detail						
Interpersonal Skills/Cooperation						
Positive Attitude						
Energy & Enthusiasm						
Desire to Work with Students						
Daily Preparation/Planning Skills						
General Rating as an Employee						

Comments:

This form must be **MAILED BY THE REFERENCE** directly to:



ECP Office
 Education Service Center Region XIII
 5701 Springdale Rd.
 Austin, TX 78723

COPIES OR FAXES ARE NOT RECOMMENDED.
 For more information, please call 512.919.5366