

REFERENCE FORM
 CHESTERFIELD COUNTY PUBLIC SCHOOLS
 9900 KRAUSE ROAD
 CHESTERFIELD, VA 23832-9990
 (804) 748-1984

**PART I – TO BE COMPLETED BY APPLICANT
 AND FORWARDED TO THE REFERENCE SOURCE**

Applicant's Name _____

I am an applicant with Chesterfield County Public Schools. I am requesting that you complete the information contained in Part II. I understand that by signing and dating this form, I am waiving any right of access to this reference.

Applicant's Signature _____

**PART II – TO BE COMPLETED BY THE REFERENCE SOURCE
 (Please Print or Type Information)**

A narrative reference may be attached in lieu of completing this form. Please return to the Department of Human Resources at the address list above.

Key: 1 – Unsatisfactory 4 – Above Average
 2 – Below Average 5 – Excellent
 3 – Average N/A – Not applicable or no opportunity to observe

CATEGORIES	1	2	3	4	5	N/A
A. Demonstrates knowledge of subject areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Uses appropriate instructional materials & techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Plans & organizes for instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Maintains effective classroom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Provides Favorable psychological environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Utilizes evaluative techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Exhibits professional attitudes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Provides media center services (librarians only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Provides guidance services (guidance only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Month-Day-Year Employed: From:	To:	Would you re-employ?
General Comments:		
Printed Name:	Signature:	
Position:	Date:	
School district or business address:		
Telephone:		