

**CONFIDENTIAL PROFESSIONAL REFERENCE
FORM FOR CERTIFICATED APPLICANTS
TOUTLE LAKE SCHOOL DISTRICT #130**

Applicant Name (Please Print) _____

The applicant has applied for a certificated position with Toutle Lake School District and we are asking you to evaluate this individual using the scale below. This form is **CONFIDENTIAL** and **should not** be given to the candidate.

If a former employee, please specify employment dates: _____

In what capacity did the employee work for you? _____

What was your title/position at the time? _____

Additional comments: _____

Category	Top 10%	Top 25%	Top 50%	Low 50%	No basis for rating
Classroom Management					
Student Discipline					
Clarity of Oral and Written Expression					
Enthusiasm					
Instructional Skills					
Models Appropriate Behavior					
Commitment to Accomplishment					
Rapport with Students					
Interpersonal Skills					
Knowledge of Subject Matter					
Technological Literacy					

Evaluator's Name and Title: _____

Address: _____ Telephone: _____

Evaluator's Signature: _____ Date: _____

Please return form to:
Toutle Lake School District #130
5050 Spirit Lake Hwy.
Toutle, WA 98649