



CONFIDENTIAL PROFESSIONAL REFERENCE FORM FOR CERTIFICATED APPLICANTS CASTLE ROCK SCHOOL DISTRICT #401

Applicant Name (please print) _____

The applicant has applied for a certificated position with Castle Rock 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					
Flexibility/Adaptability					
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:
Castle Rock School District #401
600 Huntington Avenue South
Castle Rock WA 98611