



TEACHER APPLICANT REFERENCE

Baltimore County Public Schools
 Department of Human Resources
 1946 Greenspring Drive, Suite N
 Timonium, MD 21093
 Fax: 410-252-1474

APPLICANT'S DATES OF SERVICE					
From		To		Total Service	
Month	Year	Month	Year	Years	Months

Subject(s) or grade(s) taught: _____
 Student teacher under my supervision. (___)
 Teacher under my supervision. (___)
 Other (Explain): _____

Please note: This form must be returned to the Baltimore County Public Schools by fax, mail, or delivered in a sealed envelope. The information is confidential and will not be shared with the applicant.

_____ has applied for a teacher position with the Baltimore County Public Schools.
 (Name) (Subject Area)

Please evaluate this candidate in comparison to others you have known in a like position. It is very important to the candidate that this form be completed and returned to Baltimore County Public Schools in a timely manner. You may provide additional information that substantiates or adds to the information provided below. Narrative statements are encouraged.

Please check the appropriate boxes below:

QUALIFICATION CHARACTERISTICS	Outstanding	Very Good	Satisfactory	Marginal	Unsatisfactory
Plans and prepares work effectively					
Communicates effectively (verbal and written)					
Displays subject matter competency					
Utilizes a variety of teaching skills and methods					
Exercises appropriate pupil control/class management					
Works well with others/shows willingness to assist					
Varies teaching to the ability levels of pupils					
Motivates pupils and establishes rapport					
Fulfills responsibilities in a dependable manner					
Demonstrates commitment and professional attitude					

In what capacity did you work with her/him? _____

If this person was an employee, why did she/he leave? _____

What are her/his strengths? _____

In what areas does she/he need to improve? _____

How would you recommend this candidate? **Hire with enthusiasm**___ **Hire**___ **Hire with reservation**___ **Do not hire**___

_____	_____	_____	_____
Name of Person Completing Form (Print)	Title	Work Phone	Other Phone
_____	_____		
School or Business Name	School or Business Address		
_____	_____		
Signature of Person Completing Form	Date		