Reference Feedback - Pinellas County Schools

Applicant Name:										
Evaluator Name:										
Job Title										
Company/Organization	Address									
City	State			Zip	Telep					
					Numb	er				
Number of years worked under my supervision:	Dates of Date	Dates of employment: From Dates of employment: To Date								
		mm/yyyy (ex: 07/2010)								
	mm/yyyy	mm/yyyy (ex: 07/2010) mm/yyyy (ex: 07/2010)								
Position held by applicant (e.g. Title, grade, subject)										
			If other, please specify							
*In what capacity did the applicant work for you	If other, p	olease speci	fy			7				
		-								
*In what capacity did the applicant work for you *To the best of your knowledge, has this applicant ev or denied for any cause other than a district or school Yes No Not Applicable	er had his o	r her contrac	ct altered	ce)?]				
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Instructional/Administrative

	Extremely competent	Very competent	Competent	Less than competent		for
Meets goals and deadlines	0	0	0	0	0	0
Exhibits dedication and passion for teaching	0	0	0	0	0	0
Sets high expectations for student achievement	0	0	0	0	0	0
Establishes positive rapport with students	0	0	0	0	0	0
Sensitive to students individual needs	0	0	0	0	0	0
Uses a variety of instructional methods	0	0	0	0	0	0
Appropriately utilizes differentiated instructional materials	0	0	0	0	0	0
Handles discipline matters in a fair and consistent manner	•	•				0
Demonstrates ability to work with students who have learning difficulties		•	•		•	•
Communicates effectively with parents	0	0	0	0	0	0
Works well as part of an instructional team	0	0	0	0	0	0
COMMENTS, REC	OMMEND	ATION &	SIGNATU	RE		
I have additional information I would like to share and Yes No	d request a c	all.				
*Would you recommend for employment/rehire? Yes No Not Applicable						
*Do you know any reason why this person should no Yes No Not Applicable	t work with o	children?				
Date:						
Signature:						
Print Name:						