

Coweta County School System

Reference Form

To: _____
 Name of Reference

 Address

 City State Zip

Please return this form promptly to:

Director of Human Resources
 Coweta County Board of Education
 P.O. Box 280
 Newnan, GA 30264
 Phone (770) 254-2803
 FAX (770) 254-2757

I have submitted an application for a position as a ☐ teacher (subject area: _____) or ☐ administrator.
 Please check the appropriate columns below and mail this form at your earliest convenience to the address given above.
 I authorize the confidentiality of this information.

Last Name	First	Middle	Social Security Number
Signature of Applicant		Area of Certification	Date

CONFIDENTIAL INFORMATION

	Excellent	Good	Fair	Poor	Not Observed											
PERSONAL TRAITS																
Stamina																
Dress-Grooming																
Self Discipline																
Organizational Skills																
Influential Personality																
Tactfulness																
Self-Control																
Common Sense																
Willingness to Give Extra Time/Effort																
Acceptance of Constructive Criticism																
PROFESSIONAL SKILLS																
Classroom Management																
Well-Planned Lessons																
Knowledge of Subject																
Written Communication																
Spoken Communication																
Response to Deadlines																
Instructional Methods																
Record Keeping																
Cooperation - Team Player																
Loyalty to System																
Attendance/Punctuality																
Teaching Charisma																
Prospects for Success																
OVERALL EVALUATION	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	0

Area(s) of Specific Strength(s): _____
 Area(s) in Need of Improvement: _____
 Dates of employment/relationship: From _____ To _____ Relationship to Applicant: _____
 Would you employ this applicant for the above named position? _____ Yes _____ No _____ Maybe

Signature	Official Position
Telephone	Date
School or Company Name	