

**JEFFERSON COUNTY DEPARTMENT OF EDUCATION
 PO BOX 190
 DANDRIDGE, TENNESSEE 37725
 865-397-3194
 865-397-3301 Fax
 email: cbaker@k12tn.net**

*Connie Campbell
 DIRECTOR OF SCHOOLS*

Applicant--please complete the following information:

Date _____ Applicant Name: _____

Area(s) of Endorsement _____

Reference please complete the following:

The above applicant has listed you as one who is familiar with his/her professional qualifications. Please furnish your evaluation of this candidate on the categories and scale below. Please mail, fax, or email (use mailing address, fax #, and email address at the top of this form), Attention: Human Resources Department.

In what capacity do you know applicant? _____

	VERY HIGH	HIGH	SATISFACTORY	LOW	UNACCEPTABLE
Commitment to Teaching Profession					
Know ledge of Content Area					
Preparation of Effective Unit/Lesson Plans					
Teaching Performance					
Classroom Behavioral Management					
Motivation of Learners					
Evaluation of and Reporting Students Progress					
Cooperation w ith Parents and Staff					
Punctuality					
Work Attendance					
Employability (Would you Employ?)					

 Signature

 Date

 Position

 Organization

 Phone Number

 Email

Comments: _____

