

Region 10 Education Service Center Professional Educator Preparation Program School Counselor Reference Form

Lead Teacher or Supervisor: Please complete the following reference form. This information may be shared with personnel from the nominating school district and Region 10, but will not be revealed to the nominee.

Name of nominee: _____

	Clearly Outstanding	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed	
Maturity/Judgment							Critical Thinking.....
Ability to Present Ideas.....							Openness to Suggestions
Written & Oral Communication							Attention to Detail
Adaptability							Interpersonal Skills/Cooperation
Teaching/Assessment Strategies.....							Positive Attitude
Professional Attitude							Energy & Enthusiasm
Resourcefulness/Initiative.....							Attitude Toward & Interest in Children
Dependability/Punctuality							Daily Preparation/Ability to Plan Work.....
Classroom Management							General Rating as an Employed Person.....

What is your relationship to the applicant (i.e. co-teacher, administrator, school counselor)? _____

1. What do you consider to be the applicant's strengths as related to the area of counseling?

2. Describe the applicant's interactions with peers, campus and district staff, and parents.

Additional comments: _____

Reference form completed by: _____ Title: _____
(Please print)

Campus: _____ District: _____

Address: _____ Phone: _____
Street City/State/Zip

 Signature

 Date