

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

**Teacher/ Counselor:** 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 .....						
Written & Oral Communication .....						
Adaptability .....						
Professional Attitude .....						
Resourcefulness/Initiative.....						
Dependability/Punctuality .....						
Classroom Management .....						

	Clearly Outstanding	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed
Critical Thinking.....						
Attention to Detail .....						
Interpersonal Skills/Cooperation .....						
Energy & Enthusiasm .....						
Attitude Toward & Interest in Children .....						
Openness to Suggestion .....						
Positive Attitude .....						

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If you were on a committee to hire counselors at your school, would you recommend this person? \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Reference form completed by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Please print)

Campus: \_\_\_\_\_ District: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature Date