

Reference Form:

Name: _____
Applicant's Name

Release: I authorize the Web-Centric Alternative Certification Program (WCACP) to collect information from references concerning my work performance and general character. I further authorize the party receiving this form to give complete information requested by WCACP.

*Please indicate with a check mark your confidential rating of the applicant's qualities as listed below:

	Clearly Outstanding	Exceeding Expectations	Satisfactory	Below Expectations	No Opportunity to Observe
Work Habits					
Planning and Organizational Skills					
Dependability and Punctuality					
Professional Appearance					
Rapport with Peers					
Rapport with Children					
Professional Attitude					
Effective Communication Skills					
Ability to Present Ideas					
Positive Attitude and Enthusiasm					
Response to Supervision					

Chief strengths of this applicant that would be a plus for a classroom environment:

Would you employ this applicant?

- Yes, without hesitation
- Yes, but would also consider others
- No

In what capacity have you known this applicant?

- _____ Applicant's principal / assistant principal
- _____ Performance under my supervision (work experience)
- _____ Teacher/Educator
- _____ Personal acquaintance
- _____ Co-worker
- _____ Student in my class
- _____ Other _____

How long have you known this applicant?

- 1-4 Years
- 5-8 Years
- 10+

Reference Name (please print)

Current Position

Reference Signature

Date

Phone Number

Email Address

Reference forms can be received in the following ways, email or fax preferred.

Email: wbrasher@etools4education.com

Fax: 832-575-5000

Mail:
 etools4Education / WCACP
 Attn: Gabriel Brackett
 3915 West Davis, Suite 130, PMB 355
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