Charlotte County Public Schools, Florida
HUMAN RESOURCES DEPARTMENT
1445 EDUCATION WAY
PORT CHARLOTTE, FL 33948

FAX (941) 255-7569

INSTRUCTIONAL REFERENCE FORM

SECTION A - To be completed by the applicant

Applicant's Name (Please Print/Type) _____

Applicant's Personal ID # _____

I have applied for an instructional position with Charlotte County Public Schools in the following area(s):

( ) Elementary (K-5) _____
( ) Middle School (6-8) _____
( ) High School (9-12) _____
( ) Other (Specify) _____

Name and Address of Reference

_____
_____
_____

To assist Charlotte County Public Schools in assessing my qualifications for the position(s) for which I may apply, I hereby authorize Charlotte County Public Schools to seek out/verify information regarding my present/previous employment and educational records. I hereby release Charlotte County Public Schools and any person, company, and/or entity who provides such information from any liability or damage which may result from furnishing the information requested below.

Applicant's Signature _____ Date _____

SECTION B - To be completed by reference

Consider this applicant in relationship to the areas listed below. Please indicate your rating by circling the appropriate number using the following scale. Thank you.

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5=Extremely competent/professional
4=Very competent/professional
3=Competent/professional
2=Less than competent/professional
1=Much less than competent/professional
0=No basis for judgment

PLANNING - Refers to teacher performance in daily, weekly, and long range program planning in the proactive phase of teaching. 5 4 3 2 1 0

MANAGEMENT OF STUDENT CONDUCT - Includes teacher activities that 5 4 3 2 1 0