

STAFFORD COUNTY PUBLIC SCHOOLS

31 Stafford Avenue
Phone: 540-658-6560

Stafford, VA 22554
Fax: 540-658-5970

Substitute and Licensed Employee Reference Form

* Family members may not complete this form *

Dear _____

Date _____

I am applying for a position as a _____ with Stafford County Public Schools. Please complete the evaluation categories that apply to your knowledge of my background, and mail this form directly to the Department of Human Resources, Stafford County Public Schools, 31 Stafford Avenue, Stafford, Virginia 22554.

I ___ agree ___ do not agree to waive my right of access to your response.

Applicant's Name

Applicant's Signature

Position Held (if applicable)

Dates of Employment (if applicable)

Applicant's Social Security Number (last four digits only)

(Please mark the appropriate box)	Superior	Above Average	Average	Below Average	Unknown
Demonstrates knowledge of subject area					
Uses appropriate instructional materials and techniques					
Plans and organizes for instruction					
Maintains effective classroom management					
Provides favorable psychological environment					
Utilizes evaluative techniques					
Exhibits professional attitudes					
Provides media center services (librarians only)					
Provides guidance services (guidance only)					
Other (specify)					

Printed Name

Position

Signature

Organization/Phone Number

Relationship to Applicant

Address

Would you re-employ this individual? ___ Yes ___ No

Comments: _____

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