

THE SCHOOL DISTRICT OF LEE COUNTY
HUMAN RESOURCES
2855 COLONIAL BOULEVARD, FORT MYERS FLORIDA 33966
SUBSTITUTE TEACHER EMPLOYMENT REFERENCE FORM
THIS FORM IS NOT CONFIDENTIAL

To be completed by the Applicant:
Applicant Name: as it appears on your Social Security Card

(First) (Middle) (Last) (Maiden)

Signature _____

Applied for: **Substitute Teacher** Applicant ID # _____

Phone Number _____ - _____ - _____

Name of Person Providing Reference:

(First) (MI) (Last) (Date)

Signature _____

Title: _____

Company Name: _____

Type of Business: _____

Phone Number _____ - _____ - _____

Relationship to applicant:

*Check one of the following: ___ Current Employer ___ Former Employer ___ Supervising Teacher ___ College Professor ___ Personal

***Section 1012.27, F.S., requires that each district must contact each candidate's immediate previous employer before employing.**

Please confirm the following: **To be completed by the Applicant:**

- This reference is the applicant's current or immediate previous employer. *(One reference must come from the current or immediate previous employer other than The School District of Lee County.)*
- Unable to contact the current or immediate previous employer. The applicant must document efforts to contact the employer. If applicable, please provide specific details (include the number of attempts, dates, times, and name(s) of contact and reason, Example of a reason: No longer in existence.) **Applicant will then need to contact the next immediate previous employer.**

To be completed by the person of Reference:

Place an "X" in the appropriate column. **N/A** for Not applicable.

	Excellent	Good	Fair	Poor	Not Observed
PERSONAL TRAITS					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dresses Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sound Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE COMPLETE REQUESTED INFORMATION BELOW:

1. Dates of employment **or** time you have known applicant:

(month/year) _____ / _____ to _____ / _____

2. Applicant's position or job title at the time of employment:

3. Your title at the time you supervised this applicant:

4. The applicant has applied for the position of **Substitute Teacher**.
Is the applicant suited for this position? _____ Yes _____ No

Explain: _____

5. Do you know of any reason why it would **not** be advisable for this individual to be employed in a capacity where he/she would come in contact with children? _____ Yes _____ No

If yes, please explain: _____

6. If former employee, why did applicant leave your employ?

7. Would you hire or rehire this applicant? _____ Yes _____ No

8. Provide additional comments about this applicant.

PROFESSIONAL TRAITS

Ability to Work with Parents/Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Techniques/Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Subject Matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson Planning and Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to Individual Student Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE INDICATE YOUR OVERALL EVALUATION OF THIS APPLICANT BY CHECKING THE APPROPRIATE BOX ON THE SCALE BELOW

EXCELLENT		GOOD			FAIR			POOR	
10	9	8	7	6	5	4	3	2	1