



WESTMINSTER ACADEMY®
DEVOTED TO CHRIST • DEDICATED TO EXCELLENCE

PROFESSIONAL REFERENCE
5601 North Federal Highway • Fort Lauderdale, FL 33308
954.771.4600 • Fax 954.334.6126

FOR: _____

DATE: _____

POSITION APPLIED FOR: _____

Your name has been given to us as a reference for the above named individual. Please indicate your evaluation of each category below as it pertains to your knowledge of the applicant. Your candid and professional judgment is most helpful to us. Your reply will be kept in strictest confidence. Thank you for your kind consideration in completing this form.

In Christ,

Dr. Leo Orsino
Headmaster

Please give your confidential evaluation of the applicant by checking the appropriate space:

	E	G	A	N	ID
1. Character					
2. Appearance					
3. Courtesy, consideration of others					
4. Judgment, tact, self-control					
5. Scholarship					
6. Daily preparations					
7. Ability to inspire others					
8. Instructional skill					
9. Classroom management					
10. Cooperation with administration					
11. Cooperation with fellow workers					
12. Participates in professional growth endeavors					
13. Health and vitality					
14. Initiative					
15. Warmth/sense of caring					
16. Enthusiasm					
17. Acceptance by students					
18. Acceptance by parents					
19. Acceptance by associates					
20. Sense of humor					

E=Excellent, G=Good, A=Acceptable, N=Needs More Attention, ID=Insufficient Data

21. How long have you known the applicant?
22. How well? _____Casually _____Fairly well (numerous contacts) _____Close friend
23. Has this teacher or staff member ever been dismissed or requested to resign a position? _____

24. From your observations, at what grade level is this teacher most effective in classroom instruction? _____

25. Does this teacher or staff member give clear evidence of personal commitment to the Christian faith? _____

26. Why did applicant leave your school system or business? _____

27. Would you desire the applicant to be the teacher or staff member of your own children? _____
28. Please mention any specific weakness, whether of a personal or professional nature, that should be brought to our attention:

29. Please mention any specific strength that would be a valuable addition to our school: _____

Your name: _____

Position: _____

Institution/Company: _____

Phone: _____ Date: _____

Thank you for your helpful feedback.

Please mail directly to: Dr. Leo Orsino, Headmaster
Westminster Academy®
5601 North Federal Highway
Fort Lauderdale, FL 33308