

Diocese of Arlington "Encourage and Teach with Patience" High School Head of School Professional Reference Form

Confidential Principal Professional Reference Form

I have submitted an application for a Head of School position with the Office of Catholic Schools in the Diocese of Arlington. Since I cannot be considered for employment until my references are on file, I would appreciate it very much if you will check the items below and mail this form at your earliest convenience to Diocese of Arlington, Office of Catholic Schools, 200 N. Glebe Road Suite 503, Arlington, VA 22203. Thank you for your assistance in this matter.

Applicant _____ Date _____

REFERENCE: *Please rank the above individual based on the following scale.*

1= Superior 6= No know	2=Good ledge of this aspect of the applicant	3=Average 7= Do not wish to	4=Inconsistent comment on this aspect	5=Poor		
	Attitude toward teachers: Recognizes and c	opes with their nee	eds.			
	Adaptability: Skill in adapting.					
	Competency in the academic field.					
	Planning and preparation.					
	Initiative: Has the quality of seeing what ne	eeds to be done and	l is judicious in doing it.			
	Effective use of methods and techniques.					
	Organizational skills.					
	Professionally current.					
	Professional in attitude, professional relation	nships and ethics.				
	Reliability: Is consistent, dependable, and ad	ccurate in carrying	responsibility to a successful conclu	ision.		
	Personal Appearance: Appropriate profession	onal attire and groo	ming.			
	Poise.					
	Personality: Shows the qualities that make a	dministration effect	ctive, e.g. enthusiasm and appealing	manner.		
	Speech and voice qualities.					
	Loyalty to the school.					
How long have you personally known the applicant?						

Would you recommend employment of the above-named applicant in a Head of School position? Yes						
If not, please state why:						
The information given above is based on (please chee	ck all items that apply):					
Personal acquaintance with the applicant.						
Worked under my supervision.						
Student teacher under my supervision.						
Student in my class.						
Applicant was a co-worker.						
Other (please specify):						
COMMENTS:						
Name of Reference						
Name of Reference						
Signature of the Reference	Position					
Signature of the Reference	Position					
Telephone	Date					
reephone	Date					
Email address						
Please return this form to: Office of Catholic Schools 200 North Glebe Road, Suite 503 Arlington, VA 22203						