



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	2=Good	3=Average	4=Inconsistent	5=Poor
6= No knowledge of this aspect of the applicant	7= Do not wish to comment on this aspect			

- _____ Attitude toward teachers: Recognizes and copes with their needs.
- _____ Adaptability: Skill in adapting.
- _____ Competency in the academic field.
- _____ Planning and preparation.
- _____ Initiative: Has the quality of seeing what needs to be done and is judicious in doing it.
- _____ Effective use of methods and techniques.
- _____ Organizational skills.
- _____ Professionally current.
- _____ Professional in attitude, professional relationships and ethics.
- _____ Reliability: Is consistent, dependable, and accurate in carrying responsibility to a successful conclusion.
- _____ Personal Appearance: Appropriate professional attire and grooming.
- _____ Poise.
- _____ Personality: Shows the qualities that make administration effective, 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 ☐ No ☐

If not, please state why: _____

The information given above is based on (please check 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

Signature of the Reference

Position

Telephone

Date

Email address

Please return this form to:

**Office of Catholic Schools
200 North Glebe Road, Suite 503
Arlington, VA 22203**