

DAVIDSON ACADEMY

1414 Old Hickory Boulevard
Nashville, Tennessee 37207-1098
(615) 860-5300

TEACHER APPLICANT REFERENCE FORM

_____ is an applicant for the position of teacher at Davidson Academy. Your assistance in his/her evaluation is needed and appreciated. Please be candid since we rely heavily on references for an employment decision. (See reverse side for applicant's release statement.)

To rate the applicant's characteristics, circle the number which best communicates your assessment. Your specific comments are important to us.

1 - Outstanding, 2 - Above average, 3 - Average, 4 - Below average, 5 - Unknown

Qualification Characteristics	Rating	Specific Comment
Knowledge of subject matter	1 2 3 4 5	
Planning and preparation	1 2 3 4 5	
Teaching skills	1 2 3 4 5	
Motivation of students	1 2 3 4 5	
Evaluation of student progress	1 2 3 4 5	
Classroom management and control	1 2 3 4 5	
Interpersonal skills	1 2 3 4 5	
Oral communication skills	1 2 3 4 5	
Written communication skills	1 2 3 4 5	
Health and emotional stability	1 2 3 4 5	
Initiative	1 2 3 4 5	
Dependability	1 2 3 4 5	
Flexibility	1 2 3 4 5	
Maturity of judgment	1 2 3 4 5	
Attendance	1 2 3 4 5	
Efforts toward professional growth	1 2 3 4 5	
General rating of applicant's ability	1 2 3 4 5	

Additional comments: _____

How long and in what capacity have you known this applicant? _____

With your present knowledge, would you be willing to employ or re-employ him/her? _____

Signature of referent

Date

Official Position

School or business

Address

Phone

ATTENTION, APPLICANT: You are to complete this portion of each form before sending to:

1. Your most recent principal or supervisor.
2. Two other referents who are knowledgeable of your professional competence.

TO: _____

I have submitted an application for a teaching position with Davidson Academy, a private interdenominational school with an emphasis on academic excellence in a Christian atmosphere. Because I cannot be considered for employment until my references are on file, please complete this form and mail at your earliest convenience to:

_____ Lower School Head (grades PK - 6)

_____ Upper School Head (grades 7-12)

Davidson Academy
1414 Old Hickory Blvd.
Nashville, TN 37207-1098

I authorize you to furnish the information requested within this form. I release you and Davidson Academy from any liability in connection with the release of this information. I waive any right to see this reference form when completed.

Signature of applicant

Date