

Madison County School System
P.O. Box 37, 800 Madison Street
Danielsville, Georgia 30633
Phone: (706) 795-2191 Fax: (706) 795-5104

Non-Certified Personnel Reference

Applicant: _____

Dear: _____

Position: Substitute Teacher

The above named person has applied for a position in the Madison County School System. Your evaluation of this applicant will be of service to this office and the applicant. You may be assured that any information will be treated with confidentiality and used in a professional manner.

Sincerely,
 Mr. Michael Williams, Superintendent

CONFIDENTIAL

	Superior	Above Average	Average	Below Average	Poor	Not Observed
Is dependable and reliable						
Demonstrates effective communication skills						
Follows directions well						
Maintains positive relationships with others						
Works well with peers, willing to assist						
Maintains good attendance and punctuality						
Exercises good judgment and self-control						
Fulfills duties and responsibilities in a professional manner						
GENERAL EVALUATION						

How would you recommend this applicant? Enthusiastically With Reservation Do not recommend

In what relationship have you known the applicant? _____

If you had an opening in your place of work, would you employ this person? Yes Probably Probably Not No

Would you want this person working with or near your child? Yes No

Should we telephone you for additional information? Yes No

Please provide supplemental comments on the reverse, if needed.

 Signature

 Date

 Position

 Telephone

The applicant should provide a stamped, addressed envelope for the return of this form to the above address.