Document F
1/4/10

HFM BOCES Substitute Reference Form (submit 3)

Candidate's Name: _____

Position(s) Applied for: _____ Date: _____

Rating Scale:
1 = Unsatisfactory 2 = Basic 3 = Proficient 4 = Distinguished

Area	Rating	N/A	Comments
Dependability			
Punctuality			
Professionalism			
Rapport with Children			
Would you hire this candidate for a similar position? If no, why?			

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

_____

The following section must be completed in order for the recommendation to be considered.

Please give your opinion on the candidate's overall ability to work in the position of a substitute teacher, aide, nurse, etc:

_____

_____

_____

_____

_____

_____

Please feel free to use the back of this form for additional comments.

_____ _____ _____
Name of Reference (please print) Phone # Date

_____ _____
Signature of Reference Position/Title

_____
Address City State Zip