

## REFERENCE/RECOMMENDATION SHEET

Morris Woodring  
Director of Schools

JOHNSON COUNTY SCHOOLS  
211 North Church Street  
Mountain City, TN 37683

Phone: (423) 727-2640  
Fax: (423) 727-2663

Applicant's Name \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name of Person Giving Recommendation:  
\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

List dates of employment below:  
Beginning \_\_\_\_\_ Ending \_\_\_\_\_

I consent to this release of information to Johnson County Schools, and hereby release, discharge, and waive any and all claims which may arise against you for the release of reference information.

\_\_\_\_\_  
Applicant's Signature

### BACKGROUND:

How long have you known this applicant? \_\_\_\_\_

In what working relationship do you know the applicant? \_\_\_\_\_

Do you have knowledge of any reason this applicant should not work with students/minors? \_\_\_\_\_

Additional Comments: \_\_\_\_\_

### PERFORMANCE:

Characteristic	No Opportunity To Observe	Poor	Fair	Average	Good	Superior
Classroom Management						
Knowledge of Subject						
Teaching Competence						
Enthusiasm						
Dependability						
Professional Demeanor						
Attendance/Punctuality						
Sensitive to Students And Parents						
Peer Relationship						

If you had an opening for a similar position, would you employ this person?

( ) Yes

( ) No

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_