

Confidential Employee Reference Form

Classified Administrator Stanwood-Camano School District No. 401

26920 Pioneer Highway, Stanwood, WA 98292 (360) 629-1200 FAX: (360) 629-1484

Applicant Directions: Complete the release information below and forward this form to your most recent supervisor(s).													
I am an applicant for an administrative position with the Stanwood-Camano School District. Please state your opinion of my abilities on this form. I hereby release and discharge the school district or company referenced herein, the Stanwood-Camano School District, and all of those who provide information about me from any liability as a result of furnishing and receiving this information.													
Print Full Legal Name		Social Security Number											
Signature		Date											
Reference Directions: This reference is confidential and will not be shared with the applicant. Circle the appropriate response and complete the information. A rating of "9" on a 1-10 scale indicates that the candidate is at the 90 th percentile (upper 10%); a rating of "5" places the candidate at the 50 th percentile (about middle); and a rating of "1" places the candidate at the 10 th percentile (lower 10%) as compared to other professionals with whom the evaluator has worked. Any specific comments that support your rating would be appreciated. Thank you for your time.													
Perso		1	2	2	4	~		7	0	0	1.0	NT/A	
1 2	Adapts to new situations readily Projects a relaxed and confident manner when leading or working in front of a group of adults	1 1	2 2	3	4 4	5 5	6 6	7 7	8	9	10 10	N/A N/A	
3	Displays a high degree of professional ethics and moral character	1	2	3	4	5	6	7	8	9	10	N/A	
4	Constantly seeks ways to improve professional skills	1	2	3	4	5 5	6	7 7	8	9	10	N/A	
5	Assumes responsibility and carries out tasks efficiently	1	2 2 2	3 3	4	5	6	7	8	9	10	N/A	
6	Competent in organizational skills (i.e. planning, scheduling, and managing details)	1	2	3	4	5	6	7	8	9	10	N/A	
Lead	lership												
7	Persistent in working toward clear goals	1	2	3	4	5	6	7	8	9	10	N/A	
8	Participates freely in group discussions	1	2 2 2	3	4 4	5 5	6	7	8	9	10	N/A	
9	Ability to make and be responsible for decisions	1	2	3	4	5	6	7	8	9	10	N/A	
10	Ability to diagnose problems and gather the support of others in problem-solving	1	2	3	4	5	6	7	8	9	10	N/A	
11	Flexibility in using a variety of leadership styles in appropriate situations	1	2	3	4	5	6	7	8	9	10	N/A	
Com	nmunication												
12	Communicates using clear verbal instructions and explanations	1	2	3	4	5	6	7	8	9	10	N/A	
13	Transmits written ideas clearly and effectively	1	2	3	4	5	6	7	8	9	10	N/A	

(Continued)

Цип	nan Relations											
		1	2	2	1	_		7	0	0	10	NT/A
14	Builds student self-esteem and is respectful when working	1	2	3	4	5	6	7	8	9	10	N/A
1.5	with children		•	2		_		_	0	0	10	NT/A
15	Displays loyalty in the best interest of the profession,	1	2	3	4	5	6	7	8	9	10	N/A
	school, and district											
16	Is skilled in interpersonal relation techniques	1	2	3	4	5	6	7	8	9	10	N/A
17	Manages conflict productively and resolves problems in a	1	2	3	4	5	6	7	8	9	10	N/A
	timely and professional manner											
Ove	rall Impression											
18	Overall impression of this person's qualifications as a	1	2	3	4	5	6	7	8	9	10	N/A
10	potential candidate for this position	1	_	3	7	5	O	,	O		10	14/11
	potential candidate for this position											
How	long have you known this candidate and in what capacity? _											
In vo	ur opinion, what are the individual's greatest strengths?											
m yo	ur opinion, what are the individual's greatest strengths:											
In vo	ur opinion, what area(s) does this individual most need to im	prove	e or to	grov	v pro	fessi	onally	7?				
111) 0	ur opinion, manu uron(e) doos uns mornidum most nota to ini	рго	01 00	610	Pro	10001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Has t	his person ever been on a Plan of Improvement, disciplined,	or dis	miss	ed? _								
Com	ments:											
Dofo	rence Information (To be completed/signed by person pr	ovidi	na ro	foror	co).							
Kele	rence information (10 be completed/signed by person pr	oviui	ng re	ICI CI	ice).							
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Printe	d Name of Individual Completing Form Title						Tel	lephon	ne Nun	nber		
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Caba	District/Company Name											
ocnoo.	l District/Company Name											
Addre	ss	C	ity					St	ate		Zi	p Code
Signat	ure				Date							

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