

Diocese of Arlington "Encourage and Teach with Patience"

Educator Professional Reference Form

Name of Applicant: _					
Address:					
Position applying for	•				
Name of Reference: _					
Title:					
Address:					
Phone:					
I waive my op I retain my rig Applicant's Signature The applicant named above is applyin answer the following questions to the l	ght to view this recore e	ommendation.			Please
answer the following questions to the	Outstanding	Satisfactory	Limited	No knowledge	
Knowledge of Catholic Faith					
Practice of Catholic Faith					
Teaching Potential or Ability					
Knowledge of content area(s)					
Classroom Management					
Knowledge of curriculum/ instruction/assessment					
Cooperation					
Responsibility					
Interpersonal relationships: Faculty					

Students					
Parents					
Ability to communicate					
Professional attitude					
How long have you known	the applicant and in what o	official relationship?			
If this individual was empl	oyed in your system or scho	ool, please specify dat	es:		
From:	To:				
The Witness Statement for school programs of the Dio the teachings of the Church	cese of Arlington will witne				
Is there any reason you are	aware of why the candida	te would not be able t	o abide by this Wi	tness Statement?	
Yes No No	(If yes, please provide an	n explanation.)			
					-
What particular strengths	do you think the applicant	would bring to the po	osition for which h	e/she has applied?	
What weaknesses does the which he/she has applied?	applicant have that you thi				- for -
Would you employ this can	didate in the position for w	vhich he/she has appli	ed? Yes 🗌	No 🗌	
Date:	Signature	»:			_
					_
	ese of Arlington				

Office of Catholic Schools

200 North Glebe Road, Suite 503

Arlington, VA 22203