

LAKEVIEW CHRISTIAN SCHOOL

**496 Kent Avenue
Lake Placid, FL 33852
863-465-0313
Fax: 863-465-0126**

**LETTER OF REFERENCE
FOR TEACHER APPLICANT**

Personal and Professional Reference for _____

Please complete and return this form at your earliest convenience. Thank you.

Directions: Circle one evaluation rating for each item:

Scale: 1-Unacceptable 2- Needs Improvement 3-Average 4-Above average
5-Excellent

Aptitude for teaching	1	2	3	4	5
Personal moral standards	1	2	3	4	5
Ability to relate to children	1	2	3	4	5
Working relationships with adults	1	2	3	4	5
Communication skills	1	2	3	4	5
Interest in spiritual growth	1	2	3	4	5
Dependability	1	2	3	4	5
Punctuality	1	2	3	4	5
Professional preparation	1	2	3	4	5
Personal appearance	1	2	3	4	5
Ability to motivate pupils	1	2	3	4	5
Dedication to teaching	1	2	3	4	5
Ability to discipline with love	1	2	3	4	5

Please give a brief narrative evaluation.

Name _____ Position _____

Address: _____

Relationship to Applicant _____

Signature _____ Date _____

Please mail or return to Lakeview Christian School