

**Grapeview School District No. 54**  
**CONFIDENTIAL CLASSIFIED PROFESSIONAL REFERENCE**

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**APPLICANT INSTRUCTIONS:**

- Applicant must obtain at least 2 confidential professional references.
- It is the applicant's responsibility to forward this form to the evaluator and **instruct the evaluator to send it directly to our District.**
- At no time shall the applicant review any completed Confidential Classified Professional Reference forms. Any violation will render the application unacceptable.
- The applicant must read and sign the authorization below for the reference to be valid:

*I authorize any current or former employer, person, firm, corporation, educational or vocational institution, or government agency to provide any information regarding my employment/association to the **Grapeview School District**. I hereby release and discharge those who provide information and the designated school districts from any and all liability as a result of furnishing and receiving this information. I agree that references and personal information which become a part of this application will be regarded as confidential and shall not be revealed or disclosed to me.*

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**(Applicant signature required)**

**(date)**

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**(Applicant print name)**

**EVALUATOR INSTRUCTIONS:**

The above-named applicant has applied for a position with the **Grapeview School District**. We ask that you carefully evaluate this individual in terms of your knowledge of him or her either as an employee or through other professional contacts.

Name of Evaluator *(please print)* \_\_\_\_\_

Evaluator's Title \_\_\_\_\_

Company or Organization \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

Observation from \_\_\_\_\_ to \_\_\_\_\_

Applicant's position during this evaluation period: \_\_\_\_\_

Have you observed this applicant:    \_\_\_ very few times?    \_\_\_ equal to one year?    \_\_\_ several years?

<b>Please complete the evaluative grid on the other side of this form.</b>
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# Grapeview School District No. 54

## CONFIDENTIAL CLASSIFIED PROFESSIONAL REFERENCE

**NAME OF APPLICANT:** \_\_\_\_\_ has applied for a position with the **Grapeview School District**. We ask that you carefully evaluate the applicant in terms of your knowledge of the applicant as an employee or through other professional contacts.

NOTE: Please rate the applicant in each of the following categories by comparing this individual with others of comparable training and experience.	Upper 10%	Upper 25% but not Upper 10%	Upper 50% but not Upper 25%	Lower 50% but not Lowest 10%	Lowest 10%	No basis for Judgment
1. <b>Adaptability.</b> Ability to change and cooperate in varying capacities, flexible, adjusts quickly.						
2. <b>Cooperation.</b> Cooperative and gets along with others						
3. <b>Dependability.</b> Works well, minimal to no supervision.						
4. <b>Human Relations.</b> Sensitivity to individual differences, e.g. cultural, ethnic, socioeconomic, gender, handicap.						
5. <b>Job Knowledge/Performance.</b> Possesses information and understanding of responsibility; amount of work produced is consistent with job expectations.						
6. <b>Initiative and Decision Making.</b> Resourceful, with the ability to assess problems, determine priorities, and reach solutions						
7. <b>Punctuality and Attendance.</b> Infrequently absent or late.						
8. <b>Communication.</b> Ability to exchange information appropriately; uses both written and oral communication appropriately						
9. <b>Customer Service.</b> Responds courteously and promptly to students staff and public.						
10. <b>Technical Knowledge/Skill.</b> Possesses knowledge/skills to perform job.						
11. <b>Quality of Work.</b> Accuracy, thoroughness and effectiveness of work.						
12. <b>Organization.</b> Organizes and prioritizes work load and resources.						
13. <b>Confidentiality.</b> Maintains confidential information and communications in an ethical manner.						
14. <b>Policy Adherence.</b> Understands and follows policies and procedures in areas of responsibility.						

**Overall rating of this candidate (check one):**  *Excellent*    *Very Good*    *Good*    *Fair*    *Poor*

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

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

Evaluator's Signature: \_\_\_\_\_

Thank you for assisting us in evaluating this applicant. Please return completed form to:

Tracy Arkin, Administrative Assistant  
 Grapeview School District  
 822 E Mason Benson Road  
 Grapeview, WA 98546  
 FAX (360) 427-8975

