



ALTERNATIVE CERTIFICATION FOR EFFECTIVE TEACHERS

PROFESSIONAL REFERENCE

Applicant Name

First Name *Last Name* *MI*

Reference Information

First Name *Last Name* *Title* *Relationship*

Email *Phone* *Company Name*

Street Address *City* *State* *Zip Code*

Type Of Position Held By Applicant

Applicant's Dates Of Service

From: / To: / Length /
Mo. Yr. *Mo. Yr.* *Mos. Yrs.*

If a former employee, state the reason for leaving:

Personal Qualities

This applicant is applying for a teacher education program to prepare to be a secondary school teacher. Please rate this person on the following disposition areas: **1- Excellent 2- Acceptable 3- Not acceptable 4- Do not know**

<input type="checkbox"/> Ability to communicate	<input type="checkbox"/> Alertness	<input type="checkbox"/> Maturity	<input type="checkbox"/> Professional attitude	<input type="checkbox"/> Honesty in relationships
<input type="checkbox"/> Appearance	<input type="checkbox"/> Initiative	<input type="checkbox"/> Perceptiveness	<input type="checkbox"/> Sensitive to the feeling of others	<input type="checkbox"/> Flexibility

Would you re-employ this person? Yes No If "No," why not? Answer using the space below.

Additional Comments

Please provide detailed information on this candidate’s work with adolescents and in teaching roles if possible. Alternatively, describe their general characteristics as would apply to a teaching role.

[Large empty box for providing additional comments]

This information is confidential, will become the property of the ACET Program upon receipt, and will not be divulged to the applicant.

_____ *Date*

_____ *Signed*

Please return the completed Professional Reference Form by EMAIL to Debra Poese, Director of Teacher Education Partnerships, at debra.poese@montgomerycollege.edu