



McKINNEY CHRISTIAN ACADEMY
Multisensory Teacher Training

3601 Bois D'Arc Rd.
McKinney, TX 75071
Tel. (214) 544-2658 Fax (972) 542-5056

Reference Form

We would appreciate your completing this form and returning it to the Training Center.

Peggy Brooks, MS, QI, LDT

Applicant Name: _____

How long have you known the Applicant? _____

The Applicant's position in your school system was _____

What was your official relationship with the Applicant? _____

Would you employ this person? _____

APPLICANT'S CHARACTERISTICS	Unknown	Below Average	Average	Above Average	Superior
General Appearance					
Personality					
Enthusiasm					
General Health					
Commitment					
Judgment					
Emotional Poise					
Professional Ethics					
Cooperation with Administration					
Cooperation with Co-Workers					
Public Relations					
Willingness to Accept Suggestions					
Interest in Professional Growth					
Knowledge of Subject Matter					
Organization and Planning					
Classroom Control and Management					
Skill as a Teacher					
Provision for Individual Differences					

The applicant's weakest characteristic is _____

The applicant's strongest characteristic is _____

Do you feel a telephone conversation would be beneficial? Yes _____ No _____

Additional Comments: (use back if necessary) _____

Signed: _____ School: _____ Date: _____