

**Devine Independent School District
Required Assessment Information Form References**

In order to be considered for a position with the Devine Independent School District, you must mail the following form (**print out the Assessment Form 3 times**) to **THREE** individuals who can serve as a reference for your work experience. Please follow these instructions carefully:

1. On the front page of each assessment form (top of the page, after the word, "To:") type or print the name of the person who can attest to your professional and personal qualifications, and will serve as a reference. Include their position or job title and their company name.
2. Immediately under the name of the reference type or print YOUR NAME in the blank provided. In the next blank, type or print the POSITIONS for which you are applying.
3. Please sign the confidentiality statement directly under the Personnel Director's name. This statement assures the person giving the reference that you are allowing them to disclose the requested information and that the information will remain confidential.
4. After preparing the forms as explained above, you will need to mail the forms to the THREE individuals you have selected to serve as references.
5. Return envelopes should be addressed to:

**Personnel Director
Devine Independent School District
205 W. College
Devine, TX 78016**

PLEASE NOTE: Assessment forms returned by you will be invalid.

IMPORTANT REMINDER: ALL ASSESSMENT INFORMATION RECEIVED BY OUR OFFICE IS CONFIDENTIAL AND WILL NOT BE DISCLOSED TO YOU.



DEVINE INDEPENDENT SCHOOL DISTRICT

ASSESSMENT FORM

To: _____

_____ has applied for the position of _____ with the Devine Independent School District. We are asking you to give us your assessment of this person's performance in your situation.

Please return this form to the Personnel Director, via mail to the Devine Independent School District, 205 W. College, Devine, TX, 78016 or via fax to 830-663-6706.

"I have applied for employment with the Devine Independent School District. I hereby give the District permission to make inquiries concerning my performance in the past and general character. I agree that the information requested will not become a part of my personnel file if I am employed by the District. I further agree that the information will not be disclosed to me, but it will be treated as confidential by the District. I waive my right to see this information."

Applicant signature _____

Social Security Number _____ Date _____

Directions: The following criteria describe professionals who achieve success. Based on performance information, the reference giver should circle the number which most nearly describes the applicant's effectiveness in meeting each of the criteria. In rating, it should be assumed that only about 10% of the professionals on a staff ever reach the "outstanding" level. Percentages are also suggested for other levels on the scale. (For inexperienced professionals, the assessment should be made in terms of the normal competency levels of those entering the education profession.)

COMPETENCIES	10%	20%	40%	20%	10%	Not Applicable
	Outstanding	Strong	Good Expected	Minimally Acceptable	Unacceptable	
INSTRUCTIONAL STRATEGIES						
Provides opportunities for students to participate	5	4	3	2	1	0
Evaluates and provided feedback on student progress	5	4	3	2	1	0
CLASSROOM MGMT. AND ORGANIZATION						
Organizes materials and students	5	4	3	2	1	0
Maximized amount of instruction time	5	4	3	2	1	0
Manages student behavior	5	4	3	2	1	0
PRESENTATION OF SUBJECT MATERIAL						
Teaches for cognitive, affective, and/or psychomotor learning and transfer	5	4	3	2	1	0
Presents information accurately and clearly	5	4	3	2	1	0
Uses acceptable communication skills	5	4	3	2	1	0
LEARNING ENVIRONMENT						
Uses strategies to motivate students for learning	5	4	3	2	1	0
Maintains supportive environment	5	4	3	2	1	0
GROWTH AND RESPONSIBILITIES						
Plans for and engages in professional development	5	4	3	2	1	0
Interacts and communicates with parents	5	4	3	2	1	0
Promotes and evaluates student growth	5	4	3	2	1	0

GENERAL EVALUATIVE STATEMENT

Please use this space to give additional information about the applicant.

RECOMMENDATION

If you were considering this applicant for a position would you:

_____ Employ without looking further.

_____ Consider strongly, but look at additional applicants.

_____ Not consider for employment.

SIGNED _____

TITLE _____

ADDRESS _____