

Hinds County School District
13192 Highway 18
Raymond, Mississippi 39154
Telephone: (601) 857-5222 Fax: (601) 857-8548

RECOMMENDATION FORM

Name of Applicant: _____ Position Applied for: _____

The above named person is applying for a position and has given your name as a reference. Please give us your confidential appraisal of the candidate and return this form at your earliest convenience.

Person Writing the Letter _____

- I waive the right provided by the Family Educational Rights to Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Hinds County School District.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Hinds County School District.

Signature of Applicant _____ Date _____

PLEASE CHECK IN APPROPRIATE COLUMN	Below Average	Average	Above Average	Excellent	Not Observed
Appearance					
Voice					
Personality					
Cooperativeness					
Knowledge of subject					
Use of English					
Teaching techniques					
Skill in discipline					
Pupil relationships					
Parent relationships					
Professional attitude					
Social/civil attitudes					
Health, general vitality					
Health, emotional vitality					
Overall rating					

How long and in what capacity have you known the applicant? _____

Would you be willing to employ or re-employ the candidate? YES _____ NO _____ If this person has taught in your school system or under your supervision, indicate the length of full-time service: FROM _____ TO _____

Additional remarks/reflections on candidate's qualifications: _____

Signature _____ Date _____

School or Firm _____

Department _____ Phone Number _____