



Dallas Independent School District

Alternative Certification Reference Form

Applicant: Print Name: _____ SSN: _____ - _____ - _____

In order that the officials of the Dallas Independent School District may be fully informed as to my personal character and qualifications for employment, I agree that this information be furnished at my expressed request and for my benefit. I do hereby release the party receiving this request from any and all liability for damage in furnishing this information. I hereby authorize the party receiving this form to give full and complete information as may be requested. I agree that the information will not be disclosed to me, but will be treated as confidential by the Dallas Independent School District. I hereby waive my right to obtain such information under Article 6252017A of the Texas Revised Statutes Annotated.

Applicant's Signature: _____ Date: _____

Reference: Print Name: _____ Phone: (____) _____ - _____

Position/Job Title: _____

The above named applicant is an applicant for a teacher intern position in the Dallas Independent School District. One of the criterion for acceptance into this teacher preparation program is submission of three reference forms from employers, college professors, and former supervisors. All information is strictly confidential. Please note the applicant's waiver and signature above. Please use the following scale to rate this applicant's demonstrated competence in the following areas:

5 = Superior 4 = Commendable 3 = Acceptable 2 = Requires Improvement 1 = Unacceptable NA = No Knowledge

Characteristic	Rating	Remarks or Comments
Knowledge/Command of Subject Matter		
Response to Supervision		
Open/Flexible Teaching Personality		
Ability to Motivate People/Students		
Willingness to Cooperate		
Professional Appearance		
Interaction with Children and/or Students		
Dependability on the Job		
Initiative on the Job		
Efforts toward Professional Growth		
Perseverance on the Job		
Interpersonal Skills		
Communication Skills		

Please return this Reference Form directly to the applicant in a sealed envelope with your signature across the sealed flap or directly to our office (Reference Forms, DISD Alternative Certification, 2909 North Buckner, 4th Floor, Dallas, TX 75228 within two weeks. Thank you for your cooperation and assistance.

Reference Signature: _____ Today's Date: _____