GUEST TEACHER TRAINING PROGRAM
APPLICANT REFERENCE FORM

_____ has applied to the **BCIU Guest Teacher Training Program** and would like to serve as a substitute teacher in the Berks County public school districts. He/she has provided your name as a reference.

Please fill out this form as indicated and return to us as soon as possible. If you have any questions, please contact Monica Willett in the BCIU Office of Human Resources at 610-987-8433 or monwil@berksiu.org. Thank you.

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

_____

_____

_____

On a scale of 1 to 10 (10 being an "excellent" rating and 1 being a "poor" rating), please rate the applicant on his or her abilities with respect to a substitute (guest) teaching position by circling the appropriate number:

I feel the applicant's qualifications would be an asset in the role of substitute teaching.

1 2 3 4 5 6 7 8 9 10

This individual a good role model for children, and I feel he/she has the ability to work effectively with students in an educational setting.

1 2 3 4 5 6 7 8 9 10

How much supervision/direction does the applicant require? ("10" being needs little or no supervision, and "1" being needs close supervision.)

1 2 3 4 5 6 7 8 9 10

Does the applicant take supervision well? ("10" being applicant takes supervision well, and "1" being applicant does not take supervision well.)

1 2 3 4 5 6 7 8 9 10

What would you say are the applicant's strengths?

_____
_____
_____

How much support would the applicant need in a specific work situation? ("10" being the applicant would need very little or no support, and "1" being the applicant would need total support.)

1 2 3 4 5 6 7 8 9 10

Is the applicant reliable? ("10" being very reliable, and "1" being unreliable)

1 2 3 4 5 6 7 8 9 10

The work hours for a substitute teacher are approximately 7-1/2 hours per day, Monday through Friday. **Do you feel the applicant's work attendance would be**:

☐ Good ☐ Average ☐ Poor

If you have children, would you want the applicant to teach and/or work with your child? ("10" having no reservations about teaching/working with your child, and "1" not wanting the applicant to teach/work with your child.)

1 2 3 4 5 6 7 8 9 10

Additional Comments:

_____
_____
_____

_____	_____
Name (Please Print)	Position/Relationship to Applicant
_____	_____
Signature	Today's Date

Return completed form to:

Guest Teacher Training Program
Attn: Monica Willett
Berks County Intermediate Unit
P.O. Box 16050
Reading, PA 19612-6050
E-Mail: monwil@berksiu.org
Fax: 610-987-2570