



CAPE GIRARDEAU PUBLIC SCHOOLS

301 NORTH CLARK AVE • CAPE GIRARDEAU, MO 63701 • PHONE: 573-335-1867 • FAX 573-335-1820

REFERENCE CHECK (Certified)

Please mark here if candidate is currently under contract.

Applicant's Name: _____

Date: _____

Principals should contact the candidate's previous principal, supervising teacher, or listed references to better determine the candidate's professional ability and personal character.

Suggested reference questions:

- | | |
|---|---|
| Have you observed the candidate in a classroom setting? | Is there any area in which the candidate could improve his/her performance? |
| How would you describe his/her teaching style? | How would you describe his/her relationship with students and parents? |
| Did the candidate get along with other teachers? | Would you hire or rehire this candidate? |
| Would you please describe the candidate's strengths? | |

Individual Contacted: _____

Relationship to Candidate: _____ How long? _____

School/Organization: _____

Comments: _____

Individual Contacted: _____

Relationship to Candidate: _____ How long? _____

School/Organization: _____

Comments: _____

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Relationship to Candidate: _____ How long? _____

School/Organization: _____

Comments: _____

Contact made by: _____ Date: _____