Los Angeles Unified School District Human Resources Division—Certificated Recruitment, Selection, and Credential Services Teaching Experience or Student Teaching Experience Reference Form

Return to:

Fax (213) 241-8412

| APPLICANT INFORMATION | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|-----------|---------------------|------------------------|--|--|--|--|--|
| Applicant Name: | SSN Last 4 Digits: XXX-XX- | | | | | | | | | |
| AUTHORIZATION STATEMENT | | | | | | | | | | |
| The above-named individual is an applicant for a teaching position with Los Angeles Unified School District (LAUSD). Since this requested reference will be criterion for an employment decision, we would appreciate your assistance in the evaluation of this person. Please answer the questions below regarding this individual's employment, professional and personal qualities. The individual has authorized us to collect any information orally or in writing about their qualifications. The information provided will remain confidential. It will not be shared with the individual unless the applicant is a current LAUSD employee and requests to review the reference. Does any organization or company policy prevent you from providing information other than job title and employment dates for this candidate? If you answer, "Yes", please select, "N/A or Not Observed" for those Personal Qualities or | | | | | | | | | | |
| Professional Competencies that you cannot complete. | | | | | | | | | | |
| Yes No PERSONAL QUALITIES SECTION | | | | | | | | | | |
| | Ineffective | Developing | Effective | Highly Effective | N/A or Not Observed | | | | | |
| A. <u>Professionalism</u> Conducts self in professional manner at all times, including excellent workplace attendance. | | | | | | | | | | |
| B. <u>Communication</u> Written and verbal communication with all stakeholders is informative, clear, and coherent. | | | | | | | | | | |
| C. <u>Decision Making and</u> <u>Accountability</u> Makes informed, sound decisions at all times. | | | | | | | | | | |
| D. <u>Collaboration</u> Actively engages in collaboration with co-workers and stakeholders. | | | | | | | | | | |
| E. Ethical Conduct Demonstrates high standards of ethical conduct. | | | | | | | | | | |
| F. Passion & Persistence Self-motivated and able to persevere in the face of challenges. | | | | | | | | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------|-----------|------------------|------------------------|--|--|--|--|--|
| Applicant Name: | SSN Last 4 Digits: XXX-XX- | | | | | | | | | |
| TEACHING EXPERIENCE/STUDENT TEACHING EXPERIENCE REFERENCE SECTION | | | | | | | | | | |
| Professional Competence | Ineffective | Developing | Effective | Highly Effective | N/A or Not Observed | | | | | |
| G. Planning and Preparation Plans and executes lessons designed to engage students in cognitively challenging work. | | | | | | | | | | |
| H. <u>Strategies to Engage Students</u> Delivers instruction with intentional, differentiated strategies to engage all students in learning. | | | | | | | | | | |
| Classroom Management Monitors and responds to student behavior in a respectful manner that promotes student dignity and minimizes classroom disruptions. | | | | | | | | | | |
| J. Resourcefulness Able to use instructional materials, technology, and other resources to deliver academic content that is consistent with State/Common Core standards. | | | | | | | | | | |
| K. <u>Classroom Climate</u> Promotes a safe, supportive classroom climate where students are encouraged and feel comfortable sharing their ideas. | | | | | | | | | | |
| L. Professional Responsibilities Embraces opportunities for professional growth and demonstrates a willingness to go above and beyond to ensure student success. | | | | | | | | | | |
| ADDITIONAL REMARKS: | | | | | | | | | | |
| | | | | | | | | | | |
| VERIFICATION SECTION | | | | | | | | | | |
| Please state dates of employment, teaching or student teaching experience. If you did not employ or supervise this individual, please indicate the length of time you have known the applicant. | | | | | | | | | | |
| From: To: MM/YYYY MM/YYYY | | | | | | | | | | |
| Full-time Part-time Student Teacher Substitute Teacher Personal Reference | | | | | | | | | | |
| Would you endorse this applicant for employment? If "No", please explain. | | | | | | | | | | |
| Yes No Explanation: | | | | | | | | | | |
| If given the opportunity, would you rehire this applicant? If "No", please explain. | | | | | | | | | | |
| Yes No Explanation: | | | | | | | | | | |
| I have personally completed this form and returned it without revealing its contents to the applicant. By signing, I verify that the above is accurate and reflects my experience as the supervisor of the individual. | | | | | | | | | | |
| Signature of Evaluator: | | | Date: | | | | | | | |
| Name of Evaluator: Evaluator's Title: | | | | | | | | | | |
| School/District, Company or Organization: | | | | | | | | | | |
| Telephone: Email: | | | | | | | | | | |