



PHONE: (662) 624-5448

FAX: (662) 624-5512

Office of Personnel Services  
 Post Office Box 820  
 Clarksdale, Mississippi 38614

**TEACHER CONFIDENTIAL RECOMMENDATION FORM**

Name of Applicant \_\_\_\_\_ Position applied for \_\_\_\_\_

The above named person is applying for a teaching/administrative 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 to the **Office of the Superintendent, Coahoma County School District, Post Office Box 820, Clarksdale, MS 38614, or you may fax the form to 662-624-5512.**

Pauline J. Rhodes, Superintendent

**I. Personal Qualities**

Please place a check in the appropriate column.

<b>Demonstrates leadership skills and a commitment to excellence</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed</b>
<b>Sets and achieves goals for growth and improvement</b>					
<b>Collaborates with colleagues for growth in student learning</b>					
<b>Demonstrates clear oral and written communication skills</b>					
<b>Follows organizational procedures and protocols</b>					
<b>Professionalism</b>					

**II. Classroom Management and Instruction**

<b>Establishes procedures and routines for an efficient and effective classroom</b>	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Not Observed</b>
<b>Sets and communicates high expectations for student learning</b>					
<b>Provides an inviting and conducive classroom environment</b>					
<b>Produces lesson plans and or reports in a timely manner</b>					
<b>Applies instructional strategies to accommodate varied learning styles</b>					
<b>Involves parents in the learning process</b>					

Would you be willing to employ or re-employ this candidate? \_\_\_\_\_ 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 the candidate's qualification \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**COAHOMA COUNTY SCHOOL DISTRICT DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, CREED, NATIONAL ORIGIN OR HANDICAPPING CONDITIONS.**