



Kingsway Academy

TEACHER REFERENCE FORM

 (Name) (Phone number) (Area of Certification)

WAIVER OF ACCESS (to be signed by the applicant)

I, the undersigned applicant, waive the right to personal access to this recommendation form.		
_____	_____	_____
Teacher Applicant (print or type)	Signature	Date

Name of Reference _____

Address of Reference _____

Telephone of Reference _____

The above candidate has applied to Kingsway Academy for a position as a teacher, and has given your name as a reference. This form will be reviewed by school administrators, is strictly confidential, and will not be shared with the applicant. Your prompt response in completing and returning this form to the address below will be greatly appreciated.

1 - Outstanding	2 - Above Average	3 - Average	4 - Below Average	5 - Unacceptable	6 - Not Observed
-----------------	-------------------	-------------	-------------------	------------------	------------------

PERSONAL TRAITS	1	2	3	4	5	6
Personal Appearance						
Attendance/ Punctuality						
Scholarship						
Personal Initiative						
Ability to Work with Others						
Language and Communication Skills						
Intellectual Ability						
Overall Appraisal						
TEACHING TRAITS						
Knowledge of Subject Matter						
Lesson Planning and Preparation						
Ability to Implement Planned Instruction						
Ability to Relate to Students						
Classroom Management (discipline)						
Sensitivity to Individual Student Needs						
Integral Critical Thinking Skills						
Interest in Total School Program						

SPIRITUAL TRAITS	1	2	3	4	5	6
Modesty						
Reverence (recognizes / respects authority)						
Diligence						
Honesty / Truthfulness						
Humility						
Team work (supports during difficulty)						
Dependability (reliability and trustworthiness)						
Demonstration of Christian testimony at work and generally						

In what capacity have you known the applicant? _____

How long have you known the applicant? _____

What do you consider to be applicant's greatest asset? _____

If former employee, why did applicant leave? _____

Would you hire / (rehire) this applicant? _____

Please comment on any additional information you feel we may need to know as a prospective employer.

Signature of Reference

Position/ Title

Date

RETURN TO: Attention: Director of Academy Affairs
KINGSWAY ACADEMY
P. O. Box N-4378
Bernard Road
Nassau, The Bahamas
Tel: (242) - 324-6269 or (242) 324-6887 Fax: (242) 364-2726