

## SUBSTITUTE/GUEST TEACHER TRAINING REFERENCE REQUEST

TO: \_\_\_\_\_  
(Individual Providing Reference Information)

FROM: \_\_\_\_\_  
(Name of Applicant – please type or print clearly)

DATE: \_\_\_\_\_

I have registered for the Substitute/Guest Teacher Training workshop through the Lancaster-Lebanon IU13. I have included you as a reference on the employment application. If you have no reservation with providing a reference, please complete the attached Reference Check Form and forward it to IU13 using one of the following means within 7 days of receiving this request. **Please do not return the form to me.**

**Mail to:**

HR/Guest Teacher Training  
Lancaster-Lebanon IU13  
1020 New Holland Avenue  
Lancaster, PA 17601

**Scan/Email:**

[gtt@iu13.org](mailto:gtt@iu13.org)

**Fax:**

717-606-1996

Thank you for your assistance.

## SUBSTITUTE/GUEST TEACHER TRAINING REFERENCE FORM

Applicant's Name \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Title of Reference: \_\_\_\_\_ Phone Number: \_\_\_\_\_

1. What is your relationship to the applicant?

\_\_\_\_\_

2. How long have you known the applicant?

\_\_\_\_\_

3. On a scale of 1-5 with 5 being the highest, please rate the applicant in the following areas:

	1	2	3	4	5	Comments
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understanding Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Is there anything else that you would like to share regarding this applicant?

\_\_\_\_\_

Reference Signature: \_\_\_\_\_ Date: \_\_\_\_\_

References are kept strictly confidential. In order to be accepted, the completed reference form must be returned directly to the IU13. Forms may be sent via email to: [gtt@iu13.org](mailto:gtt@iu13.org) or fax: 717-606-1996, or mail to: IU13, 1020 New Holland Ave, Lancaster PA 17601, Attention: Human Resources-GTT.