

Southern Ohio Educational Service Center

CONFIDENTIAL ADMINISTRATIVE REFERENCE FORM

Fairfield Local Superintendent

Instructions to Applicant: Please complete name/date below and distribute confidential reference forms to three individuals who are familiar with your professional work.

WAIVER STATEMENT

I, the undersigned applicant, authorize the reference listed below to complete this reference form completely and confidentially. I specifically waive any right I might have to review this information.

Signature of Applicant: _____ **DATE:** _____

By checking this box, I acknowledge that I have typed my signature and it will be used as my electronic signature for this form.

INSTRUCTIONS TO PERSON COMPLETING THIS REFERENCE FORM:

Please complete this reference form candidly and promptly, and send it directly to the Southern Educational Service Center to arrive not later than **FEBRUARY 28, 2022**. All responses will be held in strict confidence.

Name and Position of person writing this reference:

Name _____ **Position** _____

How long have you known the candidate? _____

What was your role during this time? _____

Please rate the candidate using a 10-point scale:

1,2-Unsatisfactory 3,4-Adequate 5,6-Average 7,8-Above Average 9,10-Superior

Professional competency _____ Goal setting & accomplishment _____

Public relation skills _____ Integrity _____

Common sense _____ Community involvement _____

Resourcefulness _____ Communication skills _____

Available/accessibility _____ Management skills _____

Curriculum Development _____ Decision-making skills _____

Knowledge of School finance _____ Respect and Caring for others _____

Ability to get along with staff and community _____ Knowledge of legislative and legal matters _____

Willingness to put in extra time _____ Ability to deal with adverse situations _____

Knowledge of collective bargaining _____ Knowledge of school building construction programs _____

Instructional program development _____ Ability to supervise, motivate, and evaluate personnel _____

Please comment on any of the above items that you feel are especially significant:

Please comment on this candidate's possibilities of success in the position he/she is seeking. Please indicate areas of strengths/weaknesses.

Do you know of any reason(s) we should not consider this candidate for this position?

If you were a board of education member, would you vote to employ this candidate? YES NO

By checking this box, I acknowledge that I have typed my signature and it will be used as my electronic signature for this form.

Signature Title

Address

Telephone Date

EMAIL/mail this form directly to:

**shuber@southernohioesc.org
Stephanie Huber, Administrative Asst. to Superintendent
Southern Ohio ESC
SUBJECT: Superintendent Search
3321 Airborne Road Wilmington, Ohio 45177**