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| H.E.L.P.Marshall University520 18th StreetHuntington, WV 25755 |

# Learning Specialist Reference Form

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | **Date:** |  |
|  | **Last** | **First** |  |  |  |

## Reference Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full Name:** |  |  |  | **Date:** |  |
|  | **Last** | **First** | **M.I.** |  |  |
| **Address:** |  |  |
|  | **Street Address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | **City** | **State** | **ZIP Code** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Phone:** |  | **Email** |  |

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| --- |
| In what capacity do you know the applicant? How long have you known the applicant?  |

|  |  |  |
| --- | --- | --- |
| **Would you hire the applicant?** | **YES****[ ]**  | **NO****[ ]**  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you know of any reason the applicant should not work with children?** | **YES****[ ]**  | **NO****[ ]**  |  |

|  |  |
| --- | --- |
| **If yes, explain:** |  |

## Educational Qualifications

Please rate the applicant using the following scale

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Excellent | Above Average | Average | Poor | Very Poor  | Not Observed |
| Demonstrates knowledge of subject areas |  |  |  |  |  |  |
| Uses appropriate instructional materials and techniques |  |  |  |  |  |  |
| Plans and organizes lessons |  |  |  |  |  |  |
| Creates a safe and caring learning environment |  |  |  |  |  |  |
| Ability to adapt to individual learner’s needs. |  |  |  |  |  |  |
| Monitors learning through appropriate assessment and record keeping  |  |  |  |  |  |  |
| Professional attitude |  |  |  |  |  |  |
| Uses good judgment |  |  |  |  |  |  |
| Communicates with parents |  |  |  |  |  |  |
| Communicates with supervisor  |  |  |  |  |  |  |
| Adaptability |  |  |  |  |  |  |
| Commitment to professional development |  |  |  |  |  |  |
| Works well with students with LD |  |  |  |  |  |  |
| Works well with students with ADHD |  |  |  |  |  |  |
| Knowledge of LD and ADHD |  |  |  |  |  |  |

## Other Comments

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please return Reference Forms to:

**Debbie Painter, M.A., Director**

Marshall University H.E.L.P. Program

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Huntington, WV 25755

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