## H.E.L.P.

Marshall University 520 18<sup>th</sup> Street Huntington, WV 25755

## **Learning Specialist Reference Form**

Applicant Information									
Full Name	):					Date:			
	Last	First							
	R	eferenc	e Infor	matio	on				
Full Name						Date:			
Address:	Last	First			M.I.				
Audiess.	Street Address								
	City				State	ZIP Code			
Phone:	_		Email						
In what ca	pacity do you know the	applicant?							
How long	have you known the ap	plicant?							
Would you	u hire the applicant?	YES	NO						
Do you kn with child	now of any reason the a	pplicant shou	ıld not work	YES	NO				
lf 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:

**Laura Rowden, M.A., Coordinator, Community H.E.L.P.**Marshall University H.E.L.P. Program
520-18<sup>th</sup> Street

Huntington, WV 25755 Telephone: 304-696-6316

Fax: 304-696-3231

Email: painter@marshall.edu