



**Professional Reference Form**

*The Family Educational Rights and Privacy Act of 1974 opens many college records for the student's inspection. The law also permits the students to sign a waiver relinquishing to inspect letters of recommendation. The student's signature below constitutes a waiver signifying that the recommendation will remain confidential. No signature means the student will have the right to read the reference.*

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_  
 Do NOT sign if you wish to retain the right to inspect your reference

**(TCP APPLICANT'S FULL NAME)** I, \_\_\_\_\_  
 am making application to CCCC Teacher Certification Program. Please complete this form or provide a letter of reference on official letterhead. Please return the reference to CCCC at the address below. Thank you for your cooperation.

**All information below this line to be completed by person providing the reference.**

Check appropriate column for each item below	Superior	Above Average	Average	Fair	Poor	Do Not Know	Comments
Ability to present Ideas							
Judgment							
Adaptability							
Resourcefulness							
Enthusiasm & Energy							
Professional Attitude							
Interpersonal Skills							
Cooperation							
Overall Ranking							

1. Professional relationship to the applicant? \_\_\_\_\_

2. Was the applicant employed in your company/school? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Was the applicant asked (directly or indirectly) to leave your company? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Would you employ (or re-employ) this person? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

**Please return this form to:  
 Teacher Certification Program  
 CCCC@Allen**

**300 Rivercrest Boulevard  
 Allen, TX 75002**