

# CHILD CARE SERVICES REFERENCE CHECK FORM

<b>APPLICANT NAME:</b>	<b>1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY? (Check applicable block)</b>		
	CAPACITY		TIME KNOWN
<b>REFERENCE NAME:</b>	SUPERVISOR		
	EMPLOYER		
<b>REFERENCE ORGANIZATION:</b>	OTHER ( <i>specify</i> )		
<b>CONTACT INFORMATION:</b>	<b>2. IFA SUPERVISOR REFERENCE, AND THE INDIVIDUAL IS NO LONGER EMPLOYED, PROVIDE REASON FOR LEAVING:</b>		

CHECK APPLICABLE BOX	YES	NO
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<b>3. Would you reemploy applicant in the same position? (If no, explain below in Remarks)</b>		
<b>4. Do you have any knowledge of any behavior, activities, or associations which tend to show that this person is not honest, trustworthy, and of good conduct and character? (If yes, explain below in Remarks)</b>		

PERSONAL APPRAISAL	INSUFFICIENT OPPORTUNITY TO OBSERVE	ABOVE AVERAGE	AVERAGE	UNSATISFACTORY
<b>5a. DEPENDABILITY</b> -Accepts assigned responsibility and effectively accomplishes duties in approved manner within time established.				
<b>5b. COOPERATION &amp; CONSIDERATION FOR OTHERS</b> -A team player, maintains good relationships, consistently demonstrates consideration.				
<b>5c. SOUND JUDGMENT</b> -Makes informed decisions.				
<b>5d. ADAPTABILITY</b> -Ability to adjust to changes in working or living environments.				
<b>5e. JOB KNOWLEDGE</b> -Has knowledge of techniques and procedures applicable to the job for which being considered.				

FOR SUPERVISORY POSITIONS ONLY
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<b>6a. MANAGERIAL SKILLS</b> -Ability to plan and organize work.				
<b>6b. SUPERVISION</b> -Ability to supervise other employees.				

REMARKS

<b>7. DATE (DDMMYYYY)</b>	<b>8. PRINTED NAME and POSITION TITLE</b>	<b>9. SIGNATURE</b>