

Montgomery College and Montgomery County Public Schools

Maryland's Largest School District

MONTGOMERY COUNTY PUBLIC SCHOOLS

EARLY CHILDHOOD EDUCATION ALTERNATIVE CERTIFICATION PROGRAM (MC-ECACP)

| PROFESSIONAL REFERENCE | | | | |
|---|-----------------|-------------------------------|-----------------------------|--|
| Applicant Name | | | | |
| | | | | |
| First Name Last | t Name | MI | | |
| Reference Information | | | | |
| | | | | |
| First Name Last Name | Title | | Relationship | |
| | | | | |
| Email | Phone | Company Name | | |
| | | | | |
| Street Address | City | State | Zip Code | |
| Type Of Position Held By Applicant | | | | |
| | | | | |
| Applicant's Dates Of Service | | | | |
| From: / To: / | Length | 1 | | |
| Mo. Yr. Mo. Yr. Mo. Yr. If a former employee, state the reason for leaving: | | Mos. Yrs. | | |
| in a former employee, state the reason for leaving. | | | | |
| | | | | |
| Personal Qualities | | | | |
| This applicant is applying for a teacher education program to prepare to be an Early Childhood school teacher. Please | | | | |
| rate this person on the following disposition areas: 1- Excellent 2- Acceptable 3- Not acceptable 4- Do not know | | | | |
| Ability to Alertness communicate | Maturity | Professional attitu | de Honesty in relationships | |
| Appearance Initiative | Perceptiveness | Sensitive to the | Flexibility | |
| | | feeling of others | | |
| Would you re-employ this person? Yes N | No If "No," why | y not? Answer using the space | e below. | |
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| Additional Comments | | | | |
|--|--|--|--|--|
| Please provide detailed information on this candidate's work with children | and in teaching roles if possible. Alternatively, describe | | | |
| their general characteristics as would apply to a teaching role. | | | | |
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| This information is confidential will become the property of the ECACD Program upon receipt, and will not be disclosed to the confident | | | | |
| This information is confidential, will become the property of the ECACP Program upon receipt, and will not be divulged to the applicant. | | | | |
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| Date | Signed | | | |
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Please return the completed Professional Reference Form by EMAIL to ECACP@montgomerycollege.edu