



**Western Illinois University Infant & Preschool Center**  
**Horrabin Hall 15-17**  
**1 University Circle**  
**Macomb, IL. 61455**  
**Phone: 309-298-1250    FAX: 309-298-2800**

**Reference Request**

To: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ is being considered for employment at the WIU Infant & Preschool Center. We would appreciate your personal and professional evaluation of the applicant. The information will not be made available to the applicant. Your cooperation is greatly appreciated. Thank You.

*Sherril R Moon*  
 \_\_\_\_\_  
 WIU Infant & Preschool Center Director

Please indicate degree of acquaintance: (check all that apply)

\_\_\_\_\_ Know Personally    \_\_\_\_\_ Know as a Student    \_\_\_\_\_ Know as an Employee

**Ratings:**

1 = do not know    2 = below average    3 = average    4 = above average    5 = superior

**Personal Recommendations:**

Scholarship	1 2 3 4 5	Rapport	1 2 3 4 5
Personal Appearance	1 2 3 4 5	Creativity	1 2 3 4 5
Dependability	1 2 3 4 5	Leadership	1 2 3 4 5
Personality	1 2 3 4 5	Judgment	1 2 3 4 5

**Professional Recommendations:**

Understanding of Children	1 2 3 4 5	Staff Relations	1 2 3 4 5
Classroom Management	1 2 3 4 5	Parental Contacts	1 2 3 4 5
Professional Conduct	1 2 3 4 5	Instructional Techniques	1 2 3 4 5

**Additional Comments:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_