

**DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS (DoDDS)
PROFESSIONAL EVALUATION**

*Form Approved
OMB No. 0704-0370
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The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0704-0370). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO ADDRESS IN ITEM 14.

PRIVACY ACT STATEMENT

AUTHORITY: 20 USC Sections 902, 903, and E.O. 9397.

ROUTINE USE: None.

PRINCIPAL PURPOSE: Used to screen applications for qualifications eligibility.

DISCLOSURE: Voluntary. Personal identifier data is requested solely to provide positive identification of applicant. However, failure to provide the requested identification information may cause delay in evaluating the candidate for position vacancies.

(Name and Social Security Number) _____ is an applicant for a position with the Department of Defense Overseas Dependents Schools. It is important that persons selected for these assignments have abilities and personal traits which give promise of outstanding success under the unusual circumstances they will meet abroad. The success of the United States Government in maintaining prestige in foreign countries also depends upon the right choice of candidates. To complete one phase of the screening, therefore, we would like to have your frank judgment of the applicant's personality and professional ability. Your assistance as soon as possible will be greatly appreciated. Under the Freedom of Information and Privacy Acts, a copy of this completed form must be released to the candidate for employment if requested. This form should be completed within 5 days and mailed directly to the address shown in Item 14, or to the candidate, as appropriate.

USE ITEM 10 TO ELABORATE ON ANY OF THESE ITEMS.

1. WHAT YEARS DID YOU OBSERVE THIS APPLICANT'S WORK? <i>(From - To)</i>	2. WHAT WAS YOUR POSITION AT THE TIME OF THIS OBSERVATION?
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3. PLEASE MARK (X) ITEMS BELOW OF WHICH YOU HAVE KNOWLEDGE:

	EXEMPLARY LEVEL	HIGH DEGREE MEETING DIVISION STANDARDS	LEVEL LESS THAN PROFESSIONALLY EXPECTED	DOES NOT MEET JOB REQUIREMENT
a. GENERAL KNOWLEDGE/COMPETENCE IN FIELD				
b. POTENTIAL EFFECTIVENESS IN THIS JOB				
c. ABILITY TO MAINTAIN DISCIPLINE				
d. INITIATIVE				
e. WRITTEN COMMUNICATION SKILLS <i>(Language usage, etc.)</i>				
f. ORAL COMMUNICATION SKILLS				
g. RESPONSIBILITY				
h. PROFESSIONAL IMPROVEMENT				
i. ABILITY TO GET ALONG WITH OTHERS				
j. OVERALL APPEARANCE				
k. DEPENDABILITY				
l. CONDUCT/REPUTATION IN THE COMMUNITY				
m. COMMITMENT TO CHILDREN				

4. HOW DO YOU RATE THIS APPLICANT IN OVERALL PROFESSIONAL ABILITY?
 POOR FAIR AVERAGE GOOD SUPERIOR

5. WOULD YOU EMPLOY OR RE-EMPLOY THIS CANDIDATE? <i>(If No, please explain in Item 10.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	6. DO YOU HAVE ANY REASON TO QUESTION THIS CANDIDATE'S LOYALTY TO THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
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7. TO YOUR KNOWLEDGE HAS THIS APPLICANT EVER BEEN ASSOCIATED WITH ANY PERSON WHOSE LOYALTY TO THE UNITED STATES IS QUESTIONABLE OR WHO BELONGS TO ANY OF THE TYPES OF ORGANIZATIONS DESCRIBED IN THE PRECEDING QUESTION?
 YES NO

8. DO YOU HAVE ANY KNOWLEDGE OF ANY BEHAVIOR, ACTIVITIES OR ASSOCIATIONS WHICH TEND TO SHOW THAT THIS CANDIDATE IS NOT RELIABLE, HONEST, TRUSTWORTHY AND OF GOOD CONDUCT AND CHARACTER?
 YES NO

9. DO YOU HAVE ANY KNOWLEDGE OR SUSPICIONS THAT THIS INDIVIDUAL MAY HAVE ENGAGED IN ANY FORM OF CHILD ABUSE?
(If Yes, please explain in Item 10.)
 YES NO

PROFESSIONAL EVALUATION *(Continued)*

10. PLEASE GIVE A FRANK STATEMENT EMPHASIZING PARTICULAR STRENGTHS AND/OR WEAKNESSES CONCERNING THIS CANDIDATE'S TOTAL TEACHING ABILITY; LEADERSHIP QUALITIES; INTELLECTUAL AND SCHOLASTIC CHARACTERISTICS; AND ABILITY TO WORK WITH CHILDREN AND PARENTS.

11. NAME AND ADDRESS OF YOUR SCHOOL

12. TYPED NAME, SIGNATURE, POSITION OR TITLE OF EVALUATOR

13. DATE (YYYYMMDD)

14. RETURN THIS INQUIRY TO:

DEPARTMENT OF DEFENSE DEPENDENTS SCHOOLS
RECRUITMENT UNIT
4040 NORTH FAIRFAX DRIVE
ARLINGTON, VA 22203-1634