

Family-friendly

Evaluation

And

Teaching

System



To Whom It May Concern:

The individual named below is being considered as a service provider at our Agency. S/he has listed you or your organization as a present/former employer. In accordance with the release signed by the applicant below, please provide the information requested and return this form to us in the enclosed self-addressed stamped envelope.

Very truly yours,
Human Resources Department
Up Wee Grow, Inc.

APPLICANT'S AUTHORIZATION

I hereby authorize the above individual, company, or institution to furnish Up Wee Grow, Inc. with any information it may have concerning me which is on record or otherwise, and do hereby release the above individual, company, or institution and all individuals connected therewith, including Up Wee Grow, Inc. from any and all liability whatsoever that might otherwise be incurred in furnishing such information.

Name and Signature of Provider

RECORD OF EMPLOYMENT

Date(s) of Employment: _____ Position(s) Held: _____

Reason Employment Ended (if applicable): _____

Please rate the applicant in each of the following areas:

Ability to build rapport with children/families	Excellent Good Average Below Avg. Poor
Reliability	Excellent Good Average Below Avg. Poor
Knowledge of professional discipline	Excellent Good Average Below Avg. Poor
Accuracy and timeliness of documentation (e.g. session notes, progress notes, etc).	Excellent Good Average Below Avg. Poor

Would you recommend the provider ? ___ Yes ___ No

Signature Title Date