



All Rise Faculty Reference Form

Name of Applicant: _____

Name of Reference: _____

Position: _____ Email Address: _____

Agency: _____ City, State: _____

Signature: _____ Date: _____

The above-named person is submitting an application to All Rise to serve as faculty/specialized speaker. Please comment on the following.

Length of time you have known the applicant:

Capacity in which you know the applicant:

Please rate the applicant in each of the attributes listed below utilizing the following 4-point scale.

Outstanding = 4, Above Average = 3, Average = 2, Below Average = 1, Not Observed = N

	Score <i>Refer to 4-point scale above</i>
Intellectual Curiosity Raises meaningful questions and seeks answers	
Dependability Follows through on commitments	
Performance Under Stress Accomplishes goals in stressful situations	
Open Mindedness Gives thoughtful considerations to new ideas	
Self-Confidence Carries out actions with assuredness	
Integrity Functions on the basis of accepted ethical standards	
Problem-Solving Ability Uses a systematic approach to the identification and solution of problems	
Understands Limitation Sets self-expectations congruent with own capabilities	
Seeks Help Appropriately When situations exceed capabilities	
Knowledge of the Adult Drug Court Best Practices Understanding of Best Practices and how to incorporate them into treatment court	



Please comment on applicant's professionalism.

In your experience with the applicant, please describe their professional competence.

In your experience with the applicant, please describe their training, public speaking and/or work group facilitation abilities.