

# Referee Report

Form to be completed by a nominated Referee

Thank you for agreeing to act as a referee for:

**Applicant Name:**

**Current Position:**

**Position Applied For:**

**Location:**

**Referee Name:**

**Current Position:**

**Phone:**

**Email:**

**Number of years known applicant:**

**In what capacity do you know the applicant:**

## VISIONARY

	N/A / Unknown	Unsatisfactory	Developing	Well Developed	Superior
Builds a shared vision					
Identifies specific shared short-term goals					
Creates high expectations					
Communicates with vision and goals					

## EDUCATIONAL

	N/A / Unknown	Unsatisfactory	Developing	Well Developed	Superior
Recruits and develops staff in the instructional program					
Provides instructional support					
Monitors progress in student learning and school improvement					
Upholds the optimum conditions for staff to perform their work					

## RELATIONAL

	N/A / Unknown	Unsatisfactory	Developing	Well Developed	Superior
Provides support and demonstrates consideration for individual staff					
Stimulates growth in the professional capacities of staff					
Models the school values and practices					
Builds trusting relationships with and among staff, students and parents					
Establishes productive working relationships with stakeholders including Parish, Diocese and Catholic Education officer representatives					

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## ORGANISATIONAL

	N/A / Unknown	Unsatisfactory	Developing	Well Developed	Superior
Builds collaborative cultures and distributes leadership					
Structures the organisation to facilitate collaboration					
Builds productive relationships with families and the community					
Connects the school to the wider environment					
Maintains a safe and healthy environment					
Allocates resources in support of the schools vision and goals					

## ACCOUNTABLE

	N/A / Unknown	Unsatisfactory	Developing	Well Developed	Superior
Builds staff members sense of internal accountability					
Fulfils requirements for external accountability					

### General Comments:

You may wish to comment on the ratings which you have provided above, or on other relevant knowledge which you may have of the applicant's capacity for the position.

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## Readiness for the Position:

Please comment on the applicant's readiness for the position

## Recommendation

Please Select:

I recommend the applicant for this position

I **DO NOT** recommend the applicant for this position

*If submitting electronically, typing your name below denotes supplying your signature*

**Signature:**

**Date:**

**Return Form To:** Private & Confidential  
The Principal  
Good Counsel College, Innisfail  
PO Box 839  
INNISFAIL QLD 4860  
  
E: cmifsud@cns.catholic.edu.au

**Due Date:**