



INTERNATIONAL GYMNASTICS CAMP

9020 Bartonsville Woods Rd Stroudsburg PA 18360-8137
 Phone: (570) 629-0244 Fax: (570) 620-0616
 www.internationalgymnastics.com

CANDIDATE EVALUATION

THIS EVALUATION WILL REMAIN CONFIDENTIAL

_____ has given your name as a reference for employment with International Gymnastics Camp. We greatly appreciate your honest appraisal of this candidate's abilities, and we thank you in advance for your time and input on this matter.

PERSONAL QUALIFICATIONS:

Please rate the candidate on the following qualities based on your personal experiences:

Characteristics	Very Strong	Strong	Average	Weak	Poor
Confidence					
Professionalism					
Willingness To Learn					
Communication Skills					
Autonomy					
Initiative					
Reliability					
Adaptability					
Emotional Stability					
Leadership					
Affability					

PROFESSIONAL QUALIFICATIONS:

Please rate the candidate on the following skill sets based on your personal experience:

Skill Sets	Very Strong	Strong	Average	Weak	Poor
Academic Performance					
Taping Techniques					
Upper Extremitiy Evaluations					
Lower Extremity Evaluations					
Rehabilitation Techniques					
Emergency Management					
Documentation Skills					
Determining Return to Activity					
Appropriate Decision Making					
Knowledge of Anatomy					
Work Efficiency					
Professional Promise					

KNOWLEDGE OF CANDIDATE

- How long have you known this candidate and in what capacity?
- Have you ever observed behavior that would be classified as deviant?
- Why do you believe this candidate is well suited for a job working with children?
- Would you be willing to have your own child under the care of this candidate?
- To your knowledge, does the candidate smoke, use alcoholic beverages, marijuana, or other drugs?
Please specify.
- What do you believe are this candidate's strengths?
- What do you believe are this candidate's weaknesses?

Please attach a separate Letter of Recommendation with additional information and comments you feel would help give us a better understanding of this candidate's abilities.

YOUR TITLE: _____

ORGANIZATION/ COMPANY: _____

PLEASE PRINT NAME: _____

SIGNATURE: _____ **DATE:** _____

Please return or fax to:

INTERNATIONAL GYMNASTICS CAMP - Staff Reference
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