

OREGON NANNIES llc

Please return to:

2170 Bedford Way, Eugene, OR 97401
Fax to: 541-345-9412 Phone: 541-343-3755

Nanny's Name _____ Date _____

Reference Name _____

Reference Phone (Days) _____ (Eves) _____

How long have you known the applicant? _____

How are you acquainted with him/her? _____

Childcare

Have you ever seen the applicant work with children? _____

Whose children and how old at the time? _____

Did the applicant actively participate with the children (i.e. read, play games, plan activities)

Always ___ usually ___ at times ___

What was him/her mode of discipline? _____

Did he/she care for the children overnight? _____ How often? _____

Could he/she maintain control without being threatening? _____

Did he/she relate well to the children? Was he/she sensitive to their developmental needs? _____

Did he/she clean up after self and children? _____

For what household tasks was he/she responsible for? _____

General

How would you describe him/her to someone who had not met him/her? _____

Do you feel the applicant could improve in some areas? _____

Does he/she smoke? _____ Any problems with drugs or alcohol? _____

Does he/she take direction well? _____

Does he/she dress appropriately? _____

Did he/she miss much work due to illness or other reasons? _____

Would you rehire him/her? _____

Please rate the applicant:	A=Excellent	B=Good	C=Fair	D=Poor F=Not Acceptable
Honest _____	Patient _____	Responsible _____		
Confident _____	Flexible _____	Organized _____		
Friendly _____	Considerate _____	Self Starter _____		
Poised _____	Creative _____	Follow Through _____		
Cheerful _____	Resourceful _____	Stable _____		
Affectionate _____	Energetic _____	Independent _____		
Dependable _____	Mature _____	Conscientious _____		

Additional comments _____

Reference signature _____

Verified by O.N.I. _____ Date _____

O.N. Comments _____