



EVALUATION FORM

Candidate Name _____ **Social Security #** _____

Applicant: Before giving this form to a reference, please check and sign this section in accordance with the Family Educational Rights and Privacy Act.

I _____ (hereby waive) _____ (do not waive) my right of access to this statement of support.

_____ Date

Applicant Signature

To Person Recommending: You have been identified as one who knows the above applicant's professional work well enough to assess his/her potential for leadership in educational organizations. Please rate the candidate on the following:

Characteristic	Out-standing	Superior	Average	Below Average	Poor	Inadequate knowledge to rate
Personal maturity, commitment, and integrity						
Interpersonal competence in terms of interactions/relationships with peers, students, community, and supervisors						
Ability to conceptualize, plan and execute a course of action						
Ability to manage resources						
Leadership potential						
Intellectual ability						
Fundamental knowledge in the field						
Motivation and persistence						
Scholarship						
Level of written expression						
Level of oral expression						
Overall recommendation						

Signature of Person Recommending _____ Title _____ School System/School _____

Name-Please Print _____ Date _____ Telephone Number _____ Fax Number _____

If you wish to submit additional information, please attach a letter to this form.

Please return to the candidate in a signed sealed envelope. They will need to include this form with their application packet.