



Applicant's name \_\_\_\_\_  
*Last First Middle Maiden*

**Recommendation Information**

	Exceptional Top 2%	Superior Top 5%	Excellent Top 15%	Above Average Top 25%	Average Top 50%	Below Average Lower 50%	Unable to Rate
Leadership Potential							
Maturity							
Motivation							
Analytical Skills							
Intellectual Ability							
Creativity							
Ability to work with others							
Oral Communication Skills							
Planning Skills/ Time Management							
Personal Integrity							
Self-Confidence							
Goal Directness							

- Recommend with Confidence
- Recommend
- Recommend with Reservation
- Not Recommended

Candidate's current position \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ School Name \_\_\_\_\_

Phone Number \_\_\_\_\_ School District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Principal/Asst. \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

1) How long have you known the applicant and in what capacity?

