

**PRINCIPAL CERTIFICATION NETWORK
PROFESSIONAL RECOMMENDATION**

Applicant's Name: _____ **Date:** _____

The above named applicant has applied for an internship in the Principal Certification Network (PCN) and has selected you to provide a professional recommendation. We would appreciate your comments about the applicant's qualifications for service as a school administrator.

Note: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the above named applicant has voluntarily requested that this recommendation be held strictly confidential and not revealed to him/her. The summary will be used by our staff and the applicant to plan for the applicant's skill development during the two year duration of the Administrator Certification Program.

For each performance item, rate it using the following scales:

Current Performance	Su	Superior
	AA	Above Average
	Av	Average
	BA	Below Average
	NO	Not Observed/Do Not Know

Please rate each Performance Item by checking the box next to the appropriate abbreviation.

<u>Performance Items</u>	<u>Current Performance</u>				
	4	3	2	1	0
Formulating goals with individuals or groups	Su	AA	Av	BA	NO
Guiding groups to accomplish tasks	Su	AA	Av	BA	NO
Setting priorities to meet student needs	Su	AA	Av	BA	NO
Setting priorities to meet staff needs	Su	AA	Av	BA	NO
Integrating own and others' ideas for task accomplishment	Su	AA	Av	BA	NO
Gathering data, facts, and impressions	Su	AA	Av	BA	NO
Classifying and organizing information	Su	AA	Av	BA	NO
Identifying the key elements of problems	Su	AA	Av	BA	NO
Identifying the possible causes of problems	Su	AA	Av	BA	NO
Identifying additional information needs	Su	AA	Av	BA	NO
Identifying possible problem solutions	Su	AA	Av	BA	NO
Assisting others to reason clearly about problems	Su	AA	Av	BA	NO
Reaching logical conclusions	Su	AA	Av	BA	NO
Making timely and correct decisions given the available information	Su	AA	Av	BA	NO
Planning and scheduling one's own work	Su	AA	Av	BA	NO

<u>Performance Items</u>	<u>Current Performance</u>				
	4	3	2	1	0
Planning and scheduling others' work	Su	AA	Av	BA	NO
Monitoring projects to meet deadlines	Su	AA	Av	BA	NO
Putting plans and programs into action	Su	AA	Av	BA	NO
Keeping plans on track	Su	AA	Av	BA	NO
Adapting to changing conditions	Su	AA	Av	BA	NO
Delegating projects or tasks to others	Su	AA	Av	BA	NO
Building commitment to a course of action	Su	AA	Av	BA	NO
Encouraging others' participation	Su	AA	Av	BA	NO
Giving positive feedback for effective performance	Su	AA	Av	BA	NO
Giving coaching, guidance, or correction for poor performance	Su	AA	Av	BA	NO
Dealing with others tactfully	Su	AA	Av	BA	NO
Working with others in emotionally stressful situations	Su	AA	Av	BA	NO
Recognizing multi-cultural sensibilities	Su	AA	Av	BA	NO
Managing conflict	Su	AA	Av	BA	NO
Making clear, easy to understand oral presentations	Su	AA	Av	BA	NO
Clarifying and restating questions	Su	AA	Av	BA	NO
Reviewing and summarizing for groups	Su	AA	Av	BA	NO

Comments: Make any additional comments you feel would be helpful to the committee reviewing this application (120 words or less)

* By checking this box, I, _____, affirm that this recommendation was completed by me and represents my sole personal evaluation of the named applicant.

*Name: _____ Firm: _____

Title: _____ Phone: (____) _____

Address: _____ City, State, Zip: _____

Please EMAIL the completed recommendation to: leadership@esc13.txed.net