

ASSESSMENT FORM

ALVERNIA UNIVERSITY GRADUATE DIVISION PRINCIPAL CERTIFICATION PROGRAM

| | | |
|------------------------|------------|-------------|
| Last Name | First Name | Middle Name |
| (Please print or type) | | |

I agree that the Alvernia University Graduate Division shall hold the assessment I am requesting in confidence, and I hereby waive any rights to examine it. Yes No

Applicant's signature _____ Date _____

TO THE PRINCIPAL:

The above named individual is a candidate for admission to the approved program offered by Alvernia University leading to Principal Certification (Elementary or Secondary). Please give your professional opinion of the candidate's potential for educational leadership, using the criteria listed below, which are specified in the standards adopted by the Pennsylvania Department of Education.

| | <u>Superior (Top 5%)</u> | <u>Excellent</u> | <u>Average</u> | <u>Below Average</u> | <u>Unable To Judge</u> |
|-----------------------------|-------------------------------------|-------------------------|-----------------------|---------------------------------|-----------------------------------|
| Intellectual Ability | _____ | _____ | _____ | _____ | _____ |
| Problem Analysis | _____ | _____ | _____ | _____ | _____ |
| Organizational Ability | _____ | _____ | _____ | _____ | _____ |
| Written Communication | _____ | _____ | _____ | _____ | _____ |
| Decisiveness | _____ | _____ | _____ | _____ | _____ |
| Judgment | _____ | _____ | _____ | _____ | _____ |
| Leadership | _____ | _____ | _____ | _____ | _____ |
| Personal Motivation | _____ | _____ | _____ | _____ | _____ |
| Educational Values | _____ | _____ | _____ | _____ | _____ |
| Range of Interests | _____ | _____ | _____ | _____ | _____ |
| Interpersonal Relationships | _____ | _____ | _____ | _____ | _____ |
| Stress Tolerance | _____ | _____ | _____ | _____ | _____ |

(Please put any additional comments on the back of this form.)

I have known the candidate for _____ years.

Signature _____

Name _____
(print or type)

School _____

Address _____

Date _____

Please return form to:

Office of Graduate Admissions
Alvernia University
400 Saint Bernardine Street
Reading, PA 19607-1799

or fax to:

610-796-8367
phone: 610-796-5187
<http://www.alvernia.edu>