

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 SUPERINTENDENT:

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</u> <u>(Top 5%)</u>	<u>Excellent</u>	<u>Average</u>	<u>Below</u> <u>Average</u>	<u>Unable</u> <u>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 Bernadine Street
Reading, PA 19607-1799
or fax to:
610-796-8480
phone: 610-796-8296
<http://www.alvernia.edu>