

ADMINISTRATOR'S EVALUATION OF APPLICANT

The applicant named below is applying for a certificate through the Professional Standards Program of the National Association of Educational Office Professionals. The Professional Standards Program Committee requests your appraisal of the applicant's qualifications.

The Program has been designed to motivate professional growth of educational office professionals and to give recognition for their achievements.

Name of Applicant (please type) \_\_\_\_\_

Address \_\_\_\_\_

Street and Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_

Email Address \_\_\_\_\_

Please check appropriate column.

Table with 5 columns: Qualities of Characteristics, Superior, Above Average, Average, Below Average. Rows include Ability to get along with others, Accuracy, Basic Skills, Efficiency, Friendliness, Initiative, Judgment, Loyalty, Punctuality.

Comments (use back of page if additional space needed):

Name \_\_\_\_\_ Title \_\_\_\_\_

School or District \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

(not valid unless signed)

Please return to Applicant promptly, as this process has a time deadline. Thank you for your input.

Under public Law 93-380, this communication may no longer be confidential. Please check disposition of same after it has served its purpose.

- Return to sender
Maintain in file
Destroy

Administrator must be current or previous supervisor.