



Educational Administration Program
300 Rackley Building
University Park, PA 16802
(814) 865-1487
FAX: (814) 865-1480

REFERENCE FOR PRINCIPAL CERTIFICATION

In accordance with the new Pennsylvania Department of Education certification standards, data are being collected to pre-assess all administrative certification candidates.

_____ has indicated that you have agreed to act as a reference for the advanced graduate study. It would be appreciated if you could return this evaluation promptly so an early decision can be made on admission. Please complete all sections, sign, date, and return this form directly to the Educational Administration Program. All reference information will be treated confidentially and not be disclosed to the candidate. Please note that the candidate has waived access to this data by the signature below.

STATEMENT OF WAIVER:

"I hereby request that _____ complete the above reference form on my behalf to support my application for the Principal Certification program. Under the provision of the Family Educational Rights and Privacy Act, I have waived my right of access to this letter.

Signature of Applicant: _____

- A. Place a check mark in the column best describing your assessment of this candidate for admission to an educational administration program.

	Excellent	Superior	Average	Below Average	Comments
Decisiveness					
Judgment					
Leadership					
Oral Communications					
Written Communications					
Organizational Ability					
Personal Motivation					
Problem Analysis					
Range of Interest					
Stress Tolerance					
Sensitivity					
Overall Ability/Attitude					

B. Please indicate prior administrative/quasi-administrative experience of this candidate, if known (i.e., department head, administrative assistant, director of extra-curricular activities/athletics, etc.)

C. Write a brief summary of your professional interactions with the applicant. Whenever possible, indicate his/her observed strengths and weaknesses regarding the proposed program.

Name (Print) _____ Title _____

Institution _____

Signature _____ Date _____