

*Educational Leadership Certificate Programs*

*P.O. Box 5774 Flagstaff, AZ 86011*

**SUPERINTENDENT INTERNSHIP RATING/RECOMMENDATION FORM**

(To be completed by a professional supervisor)

*Phone: 928-523-3202*

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(Student Name) is applying for a principal internship at NAU.

Your rating would be of assistance to us.

1. In what relationship have you been associated with the candidate?

For how long?

1. Cite an example of leadership skills you have observed in this candidate.
2. Please rate this candidate’s effectiveness in the following areas:

HIGHEST LOWEST UNKNOWN

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | 5 | 4 | 3 | 2 | 1 | N/A |
| Present Position (general) |  |  |  |  |  |  |
| Staff Relationships |  |  |  |  |  |  |
| Community Relations |  |  |  |  |  |  |
| Problem Analysis |  |  |  |  |  |  |
| Judgment |  |  |  |  |  |  |
| Organizational Ability |  |  |  |  |  |  |
| Decisiveness |  |  |  |  |  |  |
| Leadership |  |  |  |  |  |  |
| Sensitivity |  |  |  |  |  |  |
| Stress Tolerance |  |  |  |  |  |  |
| Oral Communication |  |  |  |  |  |  |
| Written Communication |  |  |  |  |  |  |
| Range of Interests |  |  |  |  |  |  |
| Personal Motivation |  |  |  |  |  |  |
| Educational Values |  |  |  |  |  |  |
| General Academic Background |  |  |  |  |  |  |
| Health and Vitality |  |  |  |  |  |  |

1. Other comments:

**Thank you for assisting us with this task. Please return this form directly to the address listed on this letterhead.**

Signature: Date: Name: Position: Email: District:

Principal, Internship Revised 6/25/2021 jo/kb