

**UNIVERSITY OF CONNECTICUT
Neag School of Education
Department of Educational Leadership**

UCAPP Hartford/Stamford/Storrs

UNIVERSITY OF CONNECTICUT ADMINISTRATOR PREPARATION PROGRAM

Candidate Evaluation Form

To the Applicant:

WAIVER: I hereby waive my rights to inspect this candidate evaluation form completed and written to the University of Connecticut on my behalf. Yes No

Applicant's signature: _____ Date: _____

A colleague of yours, _____, is applying for admission to a special Sixth-Year program for educators who want to become school-based administrators. Please rate the candidate on each of the personal qualities listed below. As you think of this candidate, please rate him or her in comparison to other educators whom you know or with whom you have worked.

Please indicate in what capacity you have worked with this candidate.

- As: Central Office Administrator
 School Principal
 Professional Colleague
 Other (please specify) _____

In comparison to other educators with whom you have worked, how would you rate this candidate on each of the following qualities:

	Top <u>01%</u>	Top <u>10%</u>	Top <u>25%</u>	Less Than <u>Top 25%</u>
1. Motivation, energy and ambition	[]	[]	[]	[]
2. Creativity	[]	[]	[]	[]
3. Risk Taking	[]	[]	[]	[]
4. Innovation	[]	[]	[]	[]
5. Charisma	[]	[]	[]	[]
6. Tolerance for stress	[]	[]	[]	[]
7. Flexibility	[]	[]	[]	[]
8. Willingness to evaluate self	[]	[]	[]	[]

Continued.....

