

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.

Please fill out as much of this form as possible electronically before printing or emailing. It is acceptable for your supervisor to mark boxes and make comments by hand.

Name of Applicant _____

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 Collaborative ability/teamwork, Accuracy, Communication Skills, Technical knowledge, Flexibility/Adaptability, Initiative, and Critical thinking skills.

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

Name _____ Title _____

School or District _____ Address _____

Signature _____ Date _____

(not valid unless signed)

Send to: NAEOP Registrar, Professional Standards Program National Association of Educational Office Professionals 1999 N Amidon Ave., Ste. 325 Wichita, KS 67203

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 within the past two (2) years.

BACK OF FORM II
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