

# Graduate Programs Educational Leadership and Administration

## Administrative Assessment Form / Administrator Assessment

**To the Applicant:** Please write your name in the space provided and give the form to your Administrator to complete. Please provide a stamped envelope addressed to the University Admissions Office of Cairn University for the person completing this form.

**To the Administrator:** The Commonwealth of Pennsylvania and the Educational Leadership and Administration Program identify the competencies listed below as critical for effective principals. Please circle the number on the continuum where you rate the applicant's ability level. Comment under each section as warranted. When you have completed this form, please mail it in the pre-addressed envelope provided by the applicant.

Applicant's Name: \_\_\_\_\_

### PERSONAL MOTIVATION FOR EDUCATIONAL GOALS

Not Motivated      1      2      3      4      5      6      7      8      9      10      Highly Motivated

Comments: \_\_\_\_\_

### PROBLEM SOLVING

Poor      1      2      3      4      5      6      7      8      9      10      Excellent

Comments: \_\_\_\_\_

### SENSITIVITY TO OTHERS

Insensitive      1      2      3      4      5      6      7      8      9      10      Highly Sensitive

Comments: \_\_\_\_\_

### ORAL COMMUNICATION

Poor      1      2      3      4      5      6      7      8      9      10      Excellent

Comments: \_\_\_\_\_

### WRITTEN COMMUNICATION

Poor      1      2      3      4      5      6      7      8      9      10      Excellent

Comments: \_\_\_\_\_

### STRESS TOLERANCE

Low      1      2      3      4      5      6      7      8      9      10      High

Comments: \_\_\_\_\_

### RANGE OF INTERESTS

Narrow      1      2      3      4      5      6      7      8      9      10      Wide

Comments: \_\_\_\_\_

**PERSONAL JUDGMENT**

Poor 1 2 3 4 5 6 7 8 9 10 Sound

Comments: \_\_\_\_\_

**INTERPERSONAL COMMUNICATION**

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Comments: \_\_\_\_\_

**TECHNOLOGICAL PROFICIENCY**

Poor 1 2 3 4 5 6 7 8 9 10 Excellent

Comments: \_\_\_\_\_

**LEADERSHIP ABILITY**

Weak 1 2 3 4 5 6 7 8 9 10 Superior

Comments: \_\_\_\_\_

**DECISION MAKING**

Indecisive 1 2 3 4 5 6 7 8 9 10 Very Decisive

Comments: \_\_\_\_\_

**ORGANIZATIONAL**

Unorganizaed 1 2 3 4 5 6 7 8 9 10 Highly Organized

Comments: \_\_\_\_\_

**PERSONAL INTEGRITY**

Low 1 2 3 4 5 6 7 8 9 10 High

Comments: \_\_\_\_\_

Number of years you have known Applicant: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email: \_\_\_\_\_