

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.

<i>Qualities of Characteristics</i>	<i>Superior</i>	<i>Above Average</i>	<i>Average</i>	<i>Below Average</i>
Collaborative ability/teamwork				
Accuracy				
Communication Skills				
Technical knowledge				
Flexibility/Adaptability				
Initiative				
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
 1841 S. Eisenhower Ct.
 Wichita, KS 67209

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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