ESC Region 13
PRINCIPAL CERTIFICATION
Network

PROFESSIONAL RECOMMENDATION

Please email the completed recommendation to: leadership@esc13.txed.net

Applicant's Name: _____ **Date:** _____

The above named applicant has applied to the Principal Certification Network (PCN) and has selected you to provide a professional recommendation. We would appreciate your comments about the applicant's qualifications for service as an LEA administrator. This professional recommendation will be used by program staff in the selection process for joining the current program year cohort of the Principal Certifcation Network. Note: This evaluation meets the requirements of the Family Education Rights and Privacy Act of 1974 in that the above named applicant has voluntarily requested that this recommendation be held strictly confidential.

Section I: Performance Ranking
Please rate each performance item with a ranking based on current performance by the applicant. Click the box next to the appropriate abbreviation.

Ranking Abbreviations:
Su - Superior
AA - Above Average
Av - Average
BA - Below Average
NO - Not Observed/Do Not Know

Performance Items	Ranking				
Formulating goals with individuals or groups	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Guiding groups to accomplish tasks	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Setting priorities to meet student needs	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Setting priorities to meet staff needs	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Integrating own and others' ideas for task accomplishment	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Gathering data, facts, and impressions	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Classifying and organizing information	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Identifying the key elements of problems	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Identifying the possible causes of problems	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Identifying additional information needs	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Identifying possible problem solutions	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Assisting others to reason clearly about problems	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Reaching logical conclusions	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Making timely/correct decisions given available information	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Planning and scheduling one's own work	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO

Continued

Performance Items	Ranking				
Planning and scheduling others' work	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Monitoring projects to meet deadlines	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Putting plans and programs into action	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Keeping plans on track	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Adapting to changing conditions	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Delegating projects or tasks to others	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Building commitment to a course of action	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Encouraging others' participation	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Giving positive feedback for effective performance	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Giving coaching/guidance/correction for poor performance	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Dealing with others tactfully	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Working with others in emotionally stressful situations	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Recognizing multi-cultural sensibilities	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Managing conflict	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Making clear, easy to understand oral presentations	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Clarifying and restating questions	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO
Reviewing and summarizing for groups	☐ Su	☐ AA	☐ Av	☐ BA	☐ NO

Section II: Additional Comments

Please make any additional comments you feel would be helpful to the committee reviewing this application.

Section III: Verification and contact information

☐ By checking this box, I, _____, affirm that this recommendation was completed by me and represents my sole personal evaluation of the named applicant. I understand that I will be contacted by PCN program staff to verify the contents of this recommendation form.

Name: _____ Firm: _____

Title: _____ Phone: _____

Address: _____ City/State/Zip: _____