

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.

Name of Applicant (please type) _____

Address _____

City _____ State _____ Zip Code _____

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>
Ability to get along with others				
Accuracy				
Basic Skills				
Efficiency				
Friendliness				
Initiative				
Judgment				
Loyalty				
Punctuality				

Comments:

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
 P.O. Box 12619
 Wichita, KS 67277-2619

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.

BACK OF FORM II

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Revised: 7.03