Name of Applicant:

Principal or Director Name:

1. The applicant is considered an effective or highly effective Assistant Principal?

 Yes [ ]  No [ ]  I would like to discuss [ ]

1. The applicant has my permission to participate in a significant leadership role (facilitator or co-facilitator) in a school wide student achievement project?

 Yes [ ]  No [ ]  I would like to discuss [ ]

1. I believe this applicant will be ready to be a high performing first year Principal in one year?

 Yes [ ]  No [ ]  I would like to discuss [ ]

**Signature of Principal or Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

**\*Please return this verification form to the Office for Professional Development and School Supports by May 16th, 2014.**