



Department of Educational Leadership

PRELIMINARY SERVICES CREDENTIAL PROGRAM And MASTERS EDUCATIONAL LEADERSHIP

Recommendation Form

Candidate's Name: _____ Date: _____

Please assess this candidate's experiences in the following areas:

Table with 5 columns: CRITERIA, Exceptionally Strong, Good, More Experience Needed, Insufficient Evidence to Comment. Rows include Leadership, Sense of Purpose, Equity, Instructional Focus, Collaboration, Inquiry, Community, Reflection, and Communication.

In narrative form, tell us about this candidate's leadership strengths and areas for further growth, based on the criteria listed above. Other general comments (use reverse sheet or additional sheet as necessary):

Name (Print): _____

Signature: _____

Position: _____

District: _____

Phone: _____

Email: _____

Please return to applicant to submit with their application packet OR your may send via email to csscdocuments@csueastbay.edu.