



Administrator Project Assessment

Name:	Reg. ID:
Commissioner:	Date:

Section 1: Introductory	Rating	Comments
<input type="checkbox"/> Name, Contact Information <input type="checkbox"/> Authenticity Statement <input type="checkbox"/> Autobiography <input type="checkbox"/> Philosophy of Administration <input type="checkbox"/> Resume <input type="checkbox"/> Financial Work Sample	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Section 2: Project Categories	Rating	Comments
Project Overview	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Project Approach	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Project Implementation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Project Evaluation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Resources and References	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Summary of Growth	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Self-Assessment and Reflection	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Appropriateness & Quality of the Project	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Presentation of the Project: Effective Use of Supporting Materials	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Overall Composition of Project <input type="checkbox"/> Spelling and grammar <input type="checkbox"/> In required order <input type="checkbox"/> All pictures labeled <input type="checkbox"/> All categories labeled with dividers or otherwise identified	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Comments:

Scoring is based on a scale from 1-5. Each section must receive a score of 3 to be complete. Additional information will be submitted to the commissioner when the section score is 2 or less. The commissioner may request further information with a score of 3.

Portfolio is incomplete and the following information needs to be submitted to The Registry by _____ (date).

Portfolio is complete and meets all requirements of the commission. YES NO

Signature of Commissioner: _____

Print Name of Commissioner: _____



The Registry Administrator Credential

Name:	Registry ID:
Commissioner:	Date:

Portfolio is incomplete.
 The following information needs to be submitted to the Commissioner by _____ (date).

The Commissioner will complete the following information. The candidate will receive the original copy and the Commissioner will notify The Registry of the commission results.

Category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Category:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	