



Leadership Credential Project Assessment

Name:	Reg. ID:
Commissioner:	Date:

Project Title and Brief Description:

		Comments
<u>Introductory Section</u> Autobiography/Introduction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Personal Vision Statement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Program Vision Statement	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Personal Plan to Enhance Leadership Effectiveness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
<u>Project Elements</u> 2-page Abstract	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Summary of Growth Reflection	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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	
Presentation of the Project Content	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Overall Composition of Project

- Spelling and grammar
- In required order
- All pictures labeled
- All categories labeled with dividers or otherwise identified

Comments (Project):

Comments (Interview):

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.

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

Signature of Commissioner: _____

Print Name of Commissioner: _____

The Registry Leadership Credential

Name:	Reg. ID:
Commissioner:	Date:

Project is incomplete and the following information needs to be submitted by _____ <div style="text-align: right; margin-right: 100px;">(Date)</div>

The Commissioner will complete the following information. The candidate will receive the original and a copy will be submitted to The Registry with the commission results.

Course___:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Course ___:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	