## A. Information

(Title) Name:  
(Info You Need):  
(Assessor’s Title):  
Date:  

## B. Rating Scale

**Advanced** – Excels in all capacities. Demonstrated proficiency and commitment to competency.  
**Intermediate** – Surpasses expected baseline knowledge of competency.  
**Basic** – Has put competency into practice  
**Trained** – Received training but not yet put competency into practice  
**No knowledge of competency**

## C. Administrative

STUDENTS WILL BE ABLE TO:  
1. A  I  B  T  N  
2. A  I  B  T  N  
3. A  I  B  T  N  
4. A  I  B  T  N  
5. A  I  B  T  N  
6. A  I  B  T  N  

## E. Interpersonal & Intrapersonal Skills

STUDENTS WILL BE ABLE TO:  
1. A  I  B  T  N  
2. A  I  B  T  N  
3. A  I  B  T  N  
4. A  I  B  T  N  

## F. Duty & Crisis Management

STUDENTS WILL BE ABLE TO:  
1. A  I  B  T  N  
2. A  I  B  T  N  
5. A  I  B  T  N  

## G. Leadership

STUDENTS WILL BE ABLE TO:  
1. A  I  B  T  N  
2. A  I  B  T  N  
3. A  I  B  T  N  
4. A  I  B  T  N  
5. A  I  B  T  N  
6. A  I  B  T  N  
7. A  I  B  T  N  

## H. Position Specific

(POSITION SPECIFIC) WILL BE ABLE TO:  
1. A  I  B  T  N  
2. A  I  B  T  N  

Red – Initial assessment  
Blue – Midyear assessment  
Green- Final assessment
I. Returning Staff Specific

RETURNING STUDENTS WILL BE ABLE TO:

1. A I B T N
2. A I B T N

J. Overall Comments (optional)

K. Areas of Excellence and Growth

L. Future Goals

Please provide 2-5 goals that will help you increase your knowledge and comfort level with the above competencies.

Assesse Signature ____________________________ Date ____________________________

Assessor Signature ____________________________ Date ____________________________