



PRINCIPAL'S CONFIDENTIAL EVALUATION FORM
to support an application to the
Technological Education Internship Program

APPLICANT'S NAME _____

PRINCIPAL'S NAME _____

SCHOOL _____ CITY _____ DATE _____

STRENGTHS:

Aspects of the Intern's TOTAL PERFORMANCE that are particularly positive.

Multiple horizontal lines for writing strengths.

AREAS NEEDING IMPROVEMENT:

Areas that should be improved so that applicant will become a successful teacher.

Multiple horizontal lines for writing areas needing improvement.

OVERALL ASSESSMENT:

Please place a check mark (✓) in the appropriate box below:

[] Had Significant Difficulties [] Marginally Successful [] Successful [] Highly Successful

(signature of Principal)

(date)