

PennWest Mentor Form

Mentor Supervisor Identification and Recommendation

Name of Candidate: _____

Name of Mentor Supervisor: _____

Title of Mentor Supervisor: _____

Signature of Mentor Supervisor: _____

Mentor School District/Organization: _____

Mentor Address: _____

Mentor Phone: _____ E-Mail: _____

Mentor Directions: Please rate the candidate's potential for graduate study in the field of educational leadership by marking an X in the appropriate column. Please return completed form to candidate.

Accomplished---Candidate shows superior evidence (This should be reserved for only the most exceptional candidate.)

Target—Candidate shows expected evidence

Not ready—Candidate has not demonstrated evidence of readiness for a graduate program in educational leadership

	Accomplished	Target	Not ready
Candidate demonstrates evidence of oral and written communication skills			
Candidate demonstrates evidence of commitment to professional growth			
Candidate has demonstrated evidence of leadership potential			

Candidate has had experience with diverse learners and/or community members			
Candidate demonstrates ability to use technology			
Candidate demonstrates evidence of positive interpersonal skills			