

Lead Changes Leadership Camp Applicant Evaluation

Applicant: Enter your name and other contact information as well as sign statement A or B before giving this form to an evaluator.

Name of Applicant _____ Telephone _____

Name of Evaluator: _____ Email: _____

Evaluator's Title or Occupation _____

Institution, Practice or Place of Business _____

Evaluator's Address _____

Street

City

State

E-mail _____

TO THE EVALUATOR: The above-named applicant has requested that you evaluate him/her as a candidate for the professional curriculum of Lead Changes Leadership Camp. The information you provide will be used only in the admissions process. You may be contacted by a member of the admissions committee seeking additional information or verification. The candidate has indicated below whether or not he/she wishes to have access to this evaluation. Please place this completed evaluation in a business envelope; seal, then sign the envelope across the back seal. Please forward the completed evaluation to:

Lead Changes
5309 W. FM 1885, Mineral Wells, TX 76067

1. How long have you known or observed the applicant? _____
2. In what capacity have you known the applicant? _____
3. In the past five years, I have evaluated approximately _____ candidates for admission to Lead Changes Leadership Camp.

TO THE APPLICANT:

Applicants who are admitted have the right, under the family educational rights and privacy act of 1974, to see written evaluations submitted on their behalf, unless they waive the right. Please indicate your choice by signing either statement A or B. The signing of this waiver is voluntary and refusal to do so will not be factor in considering your application.

- A. I hereby waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature

Date

- B. I do not waive my right of access to the applicant evaluation provided by the evaluator named above.

Applicant's Signature

Date

This waiver is effective insofar as the recommendation is used solely for the purpose of admission. However, because of variation in State laws, this waiver may not be valued in every state nor can the confidentiality of this evaluation be guaranteed in every state.

Applicant's Name _____ Evaluator's Name _____

4. Please indicate your estimation of the candidate in each category by selecting the appropriate box. Please read selections from left to right.

Initiative/ Originality	5	4	3	2	1
Motivation (for becoming a leader)	5	4	3	2	1
Personal and social maturity	5	4	3	2	1
Dependability and reliability	5	4	3	2	1
Emotional stability	5	4	3	2	1
Leadership	5	4	3	2	1
Character and integrity	5	4	3	2	1
Verbal skills	5	4	3	2	1
Acceptance of feedback and instruction	5	4	3	2	1

5. Ability to handle horses (select one). Please read selections from left to right.

5	4	3	2	1
Exceptional	Above Average	Average	Below Average	N/A

Applicant's Name _____ Evaluator's Name _____

6. What do you consider the applicant's major strength(s)?

7. What do you consider the applicant's major weakness(es)?

8. Please tell us how you came to know this candidate.

9. Please describe the activities the candidate performed during this time.

10. Please provide an estimate of the time you spent observing with or interacting with the candidate.

11. In your opinion, does the candidate possess the skill set to succeed at the Lead Changes Leadership Camp?

12. Do you think this candidate is truly motivated to return to his/her community as a leader? Please describe any interactions which have influenced your response.

13. Do you think this candidate has experience with or a desire to work with horses?

Applicant's Name _____ Evaluator's Name _____

14. If you have any other comments which may help the selections committee, please write them here.

15. Please rate this applicant's overall potential by selecting the appropriate box. Please read selections from left to right.

5	4	3	2	1
Exceptional	Above Average	Average	Below Average	N/A

EVALUATOR'S SIGNATURE _____

DATE _____