

Leadership Practicum - Form 3 Evaluation

1. The form is to be used to evaluate the candidate's Leadership Practicum.
2. Please comment on the extent to which the candidate has achieved the objectives of the Leadership Practicum. Please indicate the strengths and areas for improvement with respect to the Leadership Practicum log, the reflective journal and the final report.

Candidate's Comments:

Candidate's Signature: _____ Date: _____

Mentor's Comments:

Candidate's Signature: _____ Date: _____

Instructor's Comments:

Instructor's Signature: _____ Date: _____

The candidate has submitted a required Leadership Practicum final report.

PQP Part II Instructor's Signature

Date

PQP Part II Program Coordinator Signature

Date

Catholic Principals' Council of Ontario

PQP Part II Provider Organization