

The Military School-Age Credential Assessment Evaluation Form



Candidate's Name _____ Date _____

Team Member's Name _____ MSA Rep F/C Rep Advisor
(Check which title applies to your role.)

Based on the information I collected, I believe the candidate:

(In assessing the candidate's performance, check only one box in each Functional Area.)

	NEEDS MORE TRAINING	IS COMPETENT <i>(Indicate Level of Competence)</i>
I. To establish and maintain a safe, healthy learning environment		
1. SAFE	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
2. HEALTHY	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
3. OUT-OF-SCHOOL ENVIRONMENTS	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

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II. To advance physical and intellectual competence		
4. PHYSICAL	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
5. COGNITIVE	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
6. COMMUNICATION	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
7. CREATIVE	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

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III. To support social and emotional development and provide positive guidance		
8. SELF	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
9. SOCIAL	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
10. GUIDANCE	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
IV. To establish positive and productive relationships with families		
11. FAMILIES	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
V. To ensure a well-run, purposeful program responsive to participant needs		
12. PROGRAM MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

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VI. To maintain a commitment to professionalism		
13. PROFESSIONALISM	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent
FINAL RECOMMENDATION		
This candidate has demonstrated the ability to perform competently.	<input type="checkbox"/>	<input type="checkbox"/> Adequate <input type="checkbox"/> Good <input type="checkbox"/> Excellent

Team Member's Signature

Date