

# IOWA STATE UNIVERSITY PRELEAD PROGRAM

## CONFIDENTIAL MENTOR ASSESSMENT

Intern \_\_\_\_\_

Date: \_\_\_\_\_

Mentor's Name \_\_\_\_\_

Please use the following scale to rate the intern on each of the categories listed below:

|            |          |      |             |
|------------|----------|------|-------------|
| 1          | 2        | 3    | 4           |
| Inadequate | Adequate | Good | Outstanding |

1) How reliable was the intern in meeting the responsibilities and obligations of ISU's PreLEAD Program?

- Progress toward meeting identified goals in the Personalized Intern Plan? RATING: \_\_\_\_  
*Comments:*

- Timely completion of assigned tasks/responsibilities? RATING: \_\_\_\_  
*Comments:*

- Effectiveness in participating with students? RATING: \_\_\_\_  
Effectiveness in participating with staff? RATING: \_\_\_\_  
Effectiveness in participating with other administrators? RATING: \_\_\_\_

*Comments:*

2) How do you perceive the intern's degree of commitment to becoming a school administrator?  
RATING: \_\_\_\_

*Comments:*

3) In your opinion, what are the overall strengths of this intern?

4) In your opinion, what are this intern's professional needs?

5) What is your overall rating of this intern's leadership potential and capability to be an effective educational administrator? RATING: \_\_\_\_\_

Comments:

7) Do you recommend that Iowa State University approve this individual's application for a principalship license in the state of Iowa?

(     ) Yes

(     ) No

8) Please provide any additional information that would help the Iowa State University PreLEAD faculty in assessing the administrative readiness capabilities of this intern.