

Appendix C

**Leadership Project Proposal Evaluation Form**  
M.A. Ed. and M.A. Programs Leading to Teacher Licensure

**Candidate:** \_\_\_\_\_  
**Program Director:** \_\_\_\_\_  
**Degree** \_\_\_\_\_  
**Licensure Area:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Semester & Year:** \_\_\_\_\_

**Directions for Program Director:**

Carefully review the candidate's leadership project proposal and provide constructive feedback and guidance. Complete the information below. Provide a copy of this form to the candidate and retain the original for your files. After you evaluate the proposal, or after the follow-up conference (if required), forward a copy to the Director of Teacher Education.

	<b>Satisfactory</b>	<b>Needs Revision</b>	<b>Missing</b>
<b>Purpose:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Goals:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rationale:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Project Description:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Resources:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Timeline:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evaluation:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

*approved*       *conference requested*       *revision required*

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Program Director

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Candidate

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If *conference requested* or *revision required*, final approval was given on \_\_\_\_\_ (date).

Signed \_\_\_\_\_  
Program Director