

LOS ANGELES UNIFIED SCHOOL DISTRICT

Human Resources Division
Personnel Research & Assessment Section

RECOMMENDATION OF READINESS

EXAM TITLE: _____

NAME OF CANDIDATE: _____ EMPLOYEE NUMBER: _____

RECOMMENDATION OF READINESS (RoR)

CURRENT IMMEDIATE PRINCIPAL-LEVEL SUPERVISOR OF CANDIDATE:

Checking the "YES" box means that I, as the undersigned supervisor of the above-named candidate, unequivocally support this candidate's ability to assume the responsibilities of the next level position, without further development. This decision has been made on the basis of my observations and assessment of the candidate's job performance, my review of the candidate's *Portfolio* and in consideration of the *Success Indicator* questions. I certify that I have met with the candidate and discussed my recommendation.

Checking the "NO" box means that I, as the undersigned immediate supervisor of the above-named candidate, believe that, at this time, this candidate *needs further development* before successfully assuming the responsibilities of the next level position. This decision has been made on the basis of my observations and assessment of their job performance, my review of the candidate's *Portfolio*, and in consideration of the *Success Indicator* questions. I certify that I have met with the candidate and discussed my recommendation.

YES, I DO RECOMMEND NO, I DO NOT RECOMMEND

SIGNATURE: _____ **DATE:** _____

Name: _____ Phone: _____

Title: _____ E-mail: _____ Location: _____

Current Immediate Principal-Level Supervisor, please provide comments on the next page.

CURRENT SECOND-LEVEL ADMINISTRATOR OF CANDIDATE:

My signature certifies that I fully support the immediate supervisor's decision regarding the candidate's ability to assume the responsibilities of the next level position. My signature certifies that I have discussed the candidate's readiness with the immediate supervisor and that the above recommendation has been made fairly, impartially, and in consideration of the *Success Indicator* questions.

SIGNATURE: _____ **DATE:** _____

Name: _____ Phone: _____

Title: _____ E-mail: _____ Location: _____

LOCAL DISTRICT SUPERINTENDENT (if applicable)

SIGNATURE: _____ **DATE:** _____



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EXAM TITLE: _____

NAME OF CANDIDATE: _____ **EMPLOYEE NUMBER:** _____

I certify that I am aware of and support the immediate supervisor's decision regarding this candidate's ability to assume the responsibilities of the next level position.

Current Immediate Principal-Level Supervisor's Behavioral Comments: