

The Military School-Age Credential Assessment Evaluation Form

COUNCIL
for
PROFESSIONAL
RECOGNITION



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 (Indicate Level of Competence)
I. To establish and maintain a safe, healthy learning environment		
1. SAFE	☐	☐ Adequate ☐ Good ☐ Excellent
2. HEALTHY	☐	☐ Adequate ☐ Good ☐ Excellent
3. OUT-OF-SCHOOL ENVIRONMENTS	☐	☐ Adequate ☐ Good ☐ Excellent

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II. To advance physical and intellectual competence		
4. PHYSICAL	☐	☐ Adequate ☐ Good ☐ Excellent
5. COGNITIVE	☐	☐ Adequate ☐ Good ☐ Excellent
6. COMMUNICATION	☐	☐ Adequate ☐ Good ☐ Excellent
7. CREATIVE	☐	☐ Adequate ☐ Good ☐ Excellent

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

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VI. To maintain a commitment to professionalism		
13. PROFESSIONALISM	☐	☐ Adequate ☐ Good ☐ Excellent
FINAL RECOMMENDATION		
This candidate has demonstrated the ability to perform competently.	☐	☐ Adequate ☐ Good ☐ Excellent

Team Member's Signature

Date