Please complete this form when interviewing for any administrative position. Send the original Administrative Selection Review Form and all accompanying data to the Department of Human Resources.

ADMINISTRATIVE SELECTION REVIEW FORM

SCHOOL					
PRINCIPAL/DESIGNEE		If Special Ed., indicate area e.g. LD, MR, etc.) REPLACEMENT FOR:			
	_	_			
		SEX RACE			
LIST BELOW ALL CANDIDATES INTERVIEWED			SEA _	RACE	
EIST BEBOW MED CANDIDATES INTERVIEWED	DATE OF			AREA(S) OF	
<u>NAME</u>	INTERVIEW	<u>SEX</u>	RACE	CERTIFICATION	
1.					
2. 3. 4. 5.					
3.					
<u>4.</u> <u>5</u>					
6.					
0.					
INTERVIEWED BY	<u>TITLE</u>				
1					
2					
3					
4					
5					
TOP THREE CHOICES: (Order of Preference)					
1					
2					
3					
JUSTIFICATION FOR FIRST CHOICE:					
PLEASE LIST THE NAMES AND TITLES OF THE RE	EFERENCES YOU C	HECKED.			
APPROVAL			<u>D</u>	<u>ATE</u>	
Principal/Unit Manager Director/Supervisor					
Director/Supervisor Asst. Supt. for Curriculum & Instruction					
Director of Human Resources					
Superintendent (Over Budget Only)					