

# Center Point Independent School District

## Recommendation Form for Superintendent Review

Name of Candidate: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_

Overall Recommendation Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Administrator/Department Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Member Signature

\_\_\_\_\_  
Committee Member Signature

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Committee Member Signature

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Committee Member Signature

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Committee Member Signature

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Committee Member Signature

(Additional Documents available for Superintendent's review)

- Employee's References (2)
- Application, Resume, etc.