



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

Committee Member Signature

Committee Member Signature

Committee Member Signature

Committee Member Signature

(Additional Documents available for Superintendent's review)

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