



**SELF-ASSESSMENT PLANNING DOCUMENT COVER SHEET**  
**Initial Superintendent's Certificate Program**

Intern's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print legibly)

Intern Signature: \_\_\_\_\_

Superintendent's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print legibly)

Superintendent's Signature: \_\_\_\_\_

School District: \_\_\_\_\_

University Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print legibly)

University Supervisor's Signature: \_\_\_\_\_