

**DEFENSE CIVILIAN EMERGING LEADER PROGRAM (DCELP) SUPERVISOR ASSESSMENT**

*This part is to be completed by the nominee's immediate supervisor who is thoroughly familiar with his/her performance in order to assess his/her leadership potential.*

**Nominee's Name:** \_\_\_\_\_

**Current Position:** \_\_\_\_\_

**Current Position level:**    \_\_\_ **Employee**    \_\_\_ **Team Leader**  
    \_\_\_ **Member of Fellowship Program**

Please rate the nominee's PROFICIENCY in each of the following competencies:

Competencies	Current Proficiency		
	Needs Development <sup>1</sup>	Proficient <sup>2</sup>	Outstanding/ A Personal Strength <sup>3</sup>
<b>Interpersonal Skills</b>			
<b>Integrity/Honesty</b>			
<b>Written Communication</b>			
<b>Oral Communication</b>			
<b>Continual Learning</b>			
<b>Public Service Motivation</b>			
<b>Leveraging Diversity</b>			
<b>Flexibility</b>			
<b>Resilience</b>			
<b>Problem Solving</b>			
<b>Customer Service</b>			
<b>Mission Orientation</b>			
<b>Team Building</b>			
<b>Decisiveness</b>			
<b>Influencing/Negotiating</b>			
<b>DoD Mission and Culture</b>			

<sup>1</sup> Applies the competencies in somewhat difficult situations; requires frequent guidance.

<sup>2</sup> Applies the competencies in difficult situations; requires only occasional guidance.

<sup>3</sup> Applies the competencies in exceptionally difficult situations; serves as a key resource and advises others.

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**Supervisory Narrative**

In 250 words or less, provide a narrative that cites your unique perspective on the nominee's proficiencies indicated above.

**Supervisory and Leadership Endorsement**

Based on my personal experience and discussions with this nominee, knowledge of his/her current/past performance, and review of his/her application package, this nominee is ready to participate in this program.

**Immediate Supervisor Title:** \_\_\_\_\_

**Immediate Supervisor E-mail:** \_\_\_\_\_

**Immediate Supervisor Phone:** \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Date

**Second Level Supervisor Title:** \_\_\_\_\_

\_\_\_\_\_  
Second Level Supervisor Signature

\_\_\_\_\_  
Date

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**Understanding of Program Requirements**

**I have read and understand the DCELP program requirements and acknowledge some requirements may involve time during regular duty hours to complete. I have also spoken with my organizational/Component leadership to ensure they understand these requirements as well.**

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date