

## 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 (this information is used only to obtain a "before and after" snapshot of the nominee):

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

<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.

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

### **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