

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

*This part is to be completed by the nominee's immediate supervisor (member who is thoroughly familiar with applicant's performance in order to assess leadership potential).*

Nominee's Full Name:

Current Position Title:

Current Supervisory Level:  Employee  Team Leader  Supervisor

Please rate the nominee's PROFICIENCY in each of the following competencies (this information is used only to obtain a "before and after" assessment of the nominee and not considered in the selection process)

COMPETENCIES	PROFICIENCY		
<sup>1</sup> In somewhat difficult situations; requires frequent guidance. <sup>2</sup> In difficult situations; requires occasional guidance. <sup>3</sup> In exceptionally difficult situations; serves as a key resource and advises others.	Needs Development <sup>1</sup>	Proficient <sup>2</sup>	Outstanding/ A Personal Strength <sup>3</sup>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication (Written & Oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resilience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversity, Equity, Inclusion & Accessibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Conflict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External Awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Influencing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SUPERVISOR ASSESSMENT (continued)**

**Supervisory Narrative:** In 250 words or less, provide an assessment of the nominee's supervisory/managerial potential and how DCELP will benefit the nominee and the Department of Defense.

**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 Phone:**

**Immediate Supervisor Signature** **Date**

**Second Level Supervisor Name:**   
**First** **Middle** **Last**

**Second Level Supervisor Title:**

**Second Level Supervisor Signature** **Date**

**Understanding of Program Requirements:**

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

**Nominee Signature** **Date**

**Immediate Supervisor Signature** **Date**