

# NCPC Candidate Initial Assessment

To be completed at first planning meeting with all candidates

Candidate Name: \_\_\_\_\_

Assessor Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_

1. Number of Years in Position: \_\_\_\_\_

2. Current Job Responsibilities:

3. Types of Training Previously Attended Related to Certification You Are Seeking (review list of mandatory and optional units, discuss type of training attended, note any areas, particularly mandatory units, for which candidate may need more knowledge development):

Unit Discussed	Relevant training or developmental need.	Training may be needed✓.

4. What do you consider your strengths?

5. What do you consider to be your challenges?

6. Any special needs?

