

PRINCIPAL PROFILE FORM
Catholic School Council Consultation for Principal Placement

NAME OF SCHOOL : _____

NAME OF CHAIR/CO-CHAIR(S) : _____

SCHOOL PRINCIPAL: _____ DATE REPORT COMPLETED: _____

Please complete by _____ and return:

By email to the Executive Assistant at _____

OR by mail to:

Northeastern Catholic District School Board
Director's Office
383 Birch Street North, Timmins, ON, P4N 6E8

1. Identify the leadership characteristics best suited to meet the needs of your school community.

2. Identify what you would like taken into consideration when looking at leader transfers or changes for school.

3. We value your voice. Other Comments:

Note: Additional pages may be used/attached as required