

**Administrator/Academic Supervisory Performance Evaluation
CHECKLIST**

MANAGEMENT EVALUATION FOR: _____

EVALUATION PERIOD FROM: July 1, _____ **TO:** June 30, _____

NAME OF EVALUATOR: _____

(This form must be included in the final evaluation packet that is sent to the Office of Human Resources)

EVALUATION ACTIVITY	Date Completed
Performance Improvement Plan <i>(if applicable)</i>	
Goals and Objectives <i>(completed at the Final Evaluation Meeting for the upcoming year)</i>	
Comprehensive Only: Peers/Supervised Employee Feedback Questionnaires Distributed <i>(between April 1 and 15) ""</i>	
Comprehensive Only: Extended Self-Evaluation <i>(due no later than May 1)</i>	
Key Performance Indicators Self-Evaluation(s) <i>(due no later than May 1)</i>	
Key Performance Indicators and Overall Rating by Evaluator <i>(due no later than the final evaluation meeting)</i>	
Final Evaluation Meeting <i>(Between May 1 and May 30)</i>	
Evaluation Packet to HR <i>(due no later than June 10)</i>	

Once the Final Evaluation Meeting has been held, the completed evaluation packet is forwarded to the Office of Human Resources for inclusion in the Evaluatee’s personnel file. The completed evaluation packet includes the following:

For all Evaluations a completed evaluation packet includes the following:

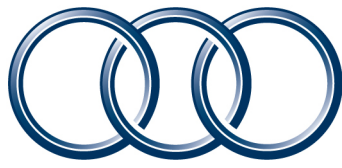
- Goals and Objectives
- Key Performance Indicators Self-Evaluation
- Key Performance Indicators and Overall Rating completed by the Evaluator

For a Comprehensive Evaluation the following additional forms are required:

- Peer/Supervised Employee Feedback Summary
- Extended Self-Evaluation

For Employees on a Performance Improvement Plan, the following additional document is required:

- Performance Improvement Plan



Administrator/Academic Supervisory Performance Evaluation
GOALS AND OBJECTIVES

MANAGEMENT EVALUATION FOR: _____

EVALUATION PERIOD FROM: July 1, _____ TO: June 30, _____

NAME OF EVALUATOR: _____

LIST 3-5 GOALS FOR THE EVALUATION PERIOD <i>(Completed at the start of the Evaluation Period)</i>	PROGRESS <i>(completed by the Evaluator at time of review)</i>
1.	
2.	
3.	
4.	
5.	



Administrator/Academic Supervisory Performance Evaluation
GOALS AND OBJECTIVES

How do these goals relate to the overall organizational goals?

What problems/challenges are anticipated in reaching these goals?

Signature of Evaluator:

Name

Title

Date

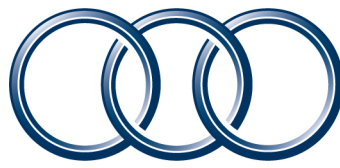
Signature of Evaluatee:

Name

Title

Date

** To be signed when goals and objectives are established.*



**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

MANAGEMENT EVALUATION FOR: _____

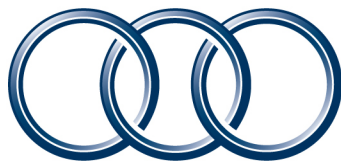
EVALUATION PERIOD FROM: July 1, _____ **TO: June 30,** _____

NAME OF EVALUATOR: _____

Performance Evaluation Key:

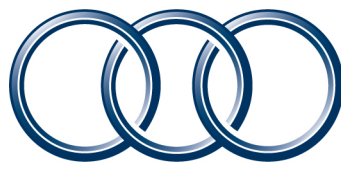
S: Superior **EE:** Exceeds Expectations **ME:** Meets Expectations **NI:** Needs Improvement **U:** Unsatisfactory **NA/O:** Not Applicable/Observed

LEADERSHIP	S	EE	ME	NE	U	NA/O
1. Demonstrates an identifiable leadership acumen that leads to appropriate decision making, correct supervisory approaches, and intentional agenda execution consistent with overall institutional values.						
2. Supports and contributes to maintaining high standards of integrity in recruitment, hiring, reward, and performance management systems and the professional development and advancement of employees.						
3. Trusts and empowers others to complete assignments, provide input/suggestions, make appropriate decisions, and take action. Inspires, empowers and/or supports staff, individually or in groups, to contribute to desired outcomes of the division, department, or work unit.						
4. Is recognized and respected by the faculty, staff, students, and administration within the College and the District.						
5. Builds trust among colleagues by being honest, ethical, and transparent.						
6. Shares successes with others and takes responsibility for failures. Admits to, and learns from, mistakes.						
7. Has the ability to understand, communicate with and effectively interact with people across cultures and diverse abilities.						
8. Values the richness of diversity and creates an inclusive environment.						
9. Employs effective time management, planning, task management, and delegation skills.						
10. Manages conflict and change in ways that contribute to the long-term viability of the organization.						
Optional Comments:						



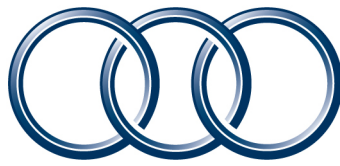
**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

MANAGEMENT SKILLS	S	EE	ME	NE	U	NA/O
11. Respectful of and accountable for the effective and appropriate use of public resources.						
12. Uses data-informed evidence and proven practices from internal and external stakeholders to solve problems, make decisions, and plan strategically.						
13. Develops and manages resource assessment, planning, budgeting, acquisition, and allocation processes consistent with college planning, best practices, and local, state, and national policies.						
14. Sets priorities clearly and integrates priority setting with action on the basis of the importance of an issue.						
15. Establishes and implements sound financial management practices and controls for the division/department/unit. Monitors these practices and controls to ensure compliance.						
16. Supports change, new programs, and initiatives through effective planning, resource allocation, and anticipation of future needs.						
17. Continually assesses division/department/unit capabilities against the demands placed on it. Seeks opportunities to contract, expand or shift the way in which programs and services are provided to manage service levels, quality, and costs.						
18. Identifies and develops human resources. Able to coordinate, train, mentor, and coach staff in the technical knowledge, concepts, theories, resources, and best practices relating to staff member work assignments and the impact on the big picture..						
19. Uses a de-escalation oriented conflict resolution approach in the face of increased pressure, competing priorities, and internal tensions in the organization.						
20. Schedules and conducts effective meetings.						
Optional Comments:						



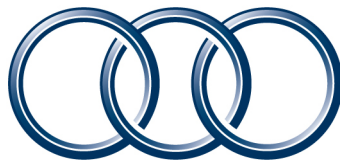
**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

JOB KNOWLEDGE	S	EE	ME	NE	U	NA/O
21. Demonstrates a thorough understanding of the practices, ideas, or concepts associated with their area of responsibility by applying knowledge appropriately, depending on the assignment or issue.						
22. Participates in professional growth to seek out, investigate, and effectively utilize resources that are available in an effort to implement best practices, increase job efficiency and effectiveness, or assume greater responsibilities.						
23. Establishes effective structures, systems, and work processes to achieve high levels of efficiency and effectiveness in the functional area.						
24. Knows how processes and systems interrelate with one another and coordinates efforts with other leaders to avoid duplication or conflict.						
25. Understands the implications the changes within and outside of the District/college have on functional area, and acts to ensure District/college products, services, and approach aligns with these changes.						
26. Works actively to keep current with developments at the national, state, and local levels which may impact upon the mission and goals of the College and the District.						
Optional Comments:						



**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

COLLABORATION	S	EE	ME	NE	U	NA/O
27. Works effectively and encourages collaboration among work units and reduces unproductive competition to reach institutional goals. Identifies key stakeholders and invites them to the table.						
28. Uses a decision making framework that is student centered, informed by multiple perspectives, and seeks continuous feedback and input from a variety of constituent groups.						
29. Acts as a facilitator when solving shared problems and identifying important elements and challenges using available data and input from stakeholders. Ensures each stakeholder is given equal opportunity to provide input.						
30. Works to establish and maintain mutually advantageous relationships with others by promoting the benefits of collaboration. Shares knowledge by assisting others with work-related problems or issues.						
31. Builds working partnerships outside the college community, as appropriate, to accomplish the goals of the unit.						
Comments:						



**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

COMMUNICATION	S	EE	ME	NE	U	NA/O
32. Adjusts strategies, styles, and tone to establish rapport and meet the needs of a group. Is sensitive to different communication styles and creates a non-judgmental atmosphere by using respectful, tactful, personable, and non-defensive language. Understands when information may be unpopular or sensitive and presents this to others in a way that conveys an appreciation for their position or the situation.						
33. Articulates the shared mission, vision, and values of the District/college to a wide variety of audiences using varied strategies and mediums.						
34. Keeps constituency groups informed on critical issues that may impact their work.						
35. Listens carefully, accepts feedback and uses critical thinking to consistently improve style, strategies, and techniques of communicating.						
36. Communicates with clarity in written communications.						
37. Communicates with clarity in oral communications.						
Optional Comments:						



**Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION**

INNOVATION	S	EE	ME	NE	U	NA/O
38. Supports a culture of innovation in meeting goals, improving systems and processes, solving problems and managing needed change in the organization.						
39. Proactively looks for efficiencies and processes improvements by, e.g. applying information, imagination, and initiative to derive greater or different value from available resources and using existing ideas and components in effective new ways.						
40. Demonstrates creativity when developing solutions to issues or problems.						
41. Takes intelligent risks when outcomes cannot be guaranteed and minimizes these risks by developing ‘what if’ scenarios and related contingency plans.						
Optional Comments						

INTEGRITY	S	EE	ME	NE	U	NA/O
42. Has current knowledge of organizational ethics, state laws and guidelines, and other guiding documents.						
43. Maintains employee confidentiality and is trusted by employees at all levels. Is direct and truthful in all situations.						
44. Accountable to maintaining the integrity, image, and reputation of the District/college by modeling and requiring sound decision-making and ethical behavior.						
45. Avoids behavior and decision-making that would expose the District/college to legal liability. Establishes and models safe work practices and effective risk management.						
46. Maintains a safe working environment and expects employees to strictly adhere to safety standards.						
Optional Comments						



Administrators/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS SELF-EVALUATION

SIGNATURE PAGE

Evaluee Signature:

Name

Title

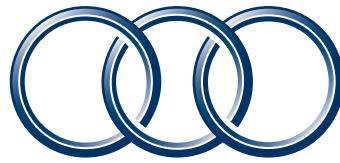
Date

Evaluator Signaure (indicating review of this Self-Evaluation):

Name

Title

Date



Management Performance Evaluation (Comprehensive)
EXTENDED SELF-EVALUATION

MANAGEMENT EVALUATION FOR: _____

EVALUATION PERIOD FROM: July 1, _____ **TO: June 30,** _____

1. To what extent have you achieved the goals and objectives developed by you and your supervisor?

2. Describe something (event, project, situation, etc.) that you believe you did particularly well during the evaluation period. What impact did it have?

3. List some areas of responsibility in which you have made significant achievement.



**Management Performance Evaluation (Comprehensive)
EXTENDED SELF-EVALUATION**

4. If you have not made significant achievements in your areas of responsibility, provide an explanatory comment.

5. How has the program/department under your supervision contributed to the achievement of the District's mission, administrative objectives, and departmental objectives?

6. Describe the ways in which you have demonstrated the District's commitment to diversity: describe activities, programs, hiring successes, curriculum changes and/or other activities, procedures and methods that have succeeded during the evaluation period.



**Management Performance Evaluation (Comprehensive)
EXTENDED SELF-EVALUATION**

7. Provide an example of your participation in a team effort, involving people from other units. What parts of the effort succeeded, what parts did not work well, and to what degree did your participation "make a difference"?

8. How many days a week do you typically work more than 7.5 hours? How many weekends a month do you typically work? What projects, demands, duties, etc., caused you to do so during this evaluation period?

9. What are some of your strengths as a manager and leader?
Comment:



**Management Performance Evaluation (Comprehensive)
EXTENDED SELF-EVALUATION**

10. In what area(s) of management do you believe that you need improvement?
Comment:

11. How have you pursued professional growth?
Comment:

12. Please add any self-evaluation statement that you might wish to discuss with your supervisor.
(Additional pages may be attached.)



**Management Performance Evaluation (Comprehensive)
EXTENDED SELF-EVALUATION**

SIGNATURE PAGE

Signature of Evaluatee:

Name

Title

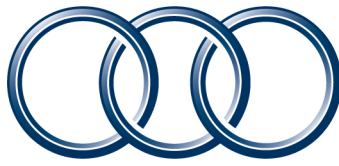
Date

Signature of Evaluator indicating review of this Extended Self-Evaluation:

Name

Title

Date



Administratqt/Academic Supervisory Performance Evaluation (Comprehensive)
PEER/SUPERVISED EMPLOYEE FEEDBACK SUMMARY

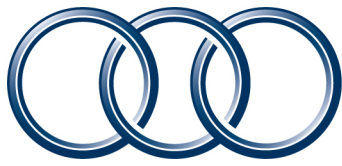
MANAGEMENT EVALUATION FOR: _____

EVALUATION PERIOD FROM: July 1, _____ **TO: June 30,** _____

NAME OF EVALUATOR: _____

This Feedback Summary Form is to be completed by the Evaluator and shared with the Evaluatee. The completed Peer/Supervised Employee Feedback Questionnaires are **CONFIDENTIAL** and shall not be shared with the Evaluatee. **A copy of the tabulated survey results should be attached to this form.**

1. Summary of comments:



SIGNATURE PAGE

Evaluator Signature:

Name

Title

Date

Evaluee Signature (to acknowledge receipt of the Summary):

Name

Title

Date



**Administrator/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS**

MANAGEMENT EVALUATION FOR: _____

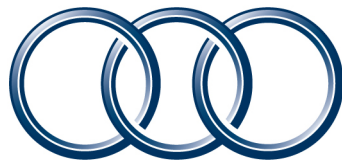
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Performance Evaluation Key:

S: Superior **EE:** Exceeds Expectations **ME:** Meets Expectations **NI:** Needs Improvement **U:** Unsatisfactory **NA/O:** Not Applicable/Observed

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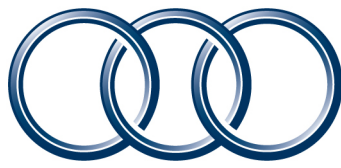
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Optional Comments:						

**Administrator/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS**

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Optional Comments:						

**Administrator/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS**

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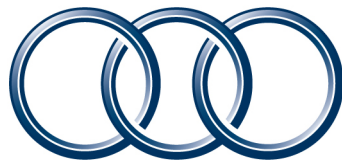
**Administrator/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS**

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Optional Comments:						

**Administrator/Academic Supervisory Performance Evaluation
KEY PERFORMANCE INDICATORS**

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Optional Comments						

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42. Has current knowledge of organizational ethics, state laws and guidelines, and other guiding documents.						
43. Maintains employee confidentiality and is trusted by employees at all levels. Is direct and truthful in all situations.						
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46. Maintains a safe working environment and expects employees to strictly adhere to safety standards.						
Optional Comments:						



Administrator/Academic Supervisor Performance Evaluation
OVERALL OBSERVATIONS AND RATING

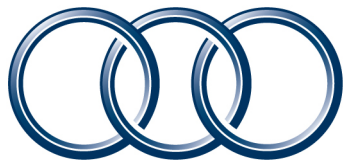
OVERALL OBSERVATIONS

What do you consider to be the Manager's greatest strengths?

In what areas do you think the Manager could improve? How might the Manager improve in these areas?

Overall Rating

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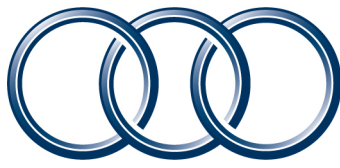


Administrator/Academic Supervisor Performance Evaluation
OVERALL OBSERVATIONS AND RATING

ADDITIONAL COMMENTS

(Attach additional pages, if necessary)

Large empty rectangular box for providing additional comments.



**Administrator/Academic Supervisor Performance Evaluation
OVERALL OBSERVATIONS AND RATING**

SIGNATURE PAGE

Evaluator Signature:

Name Title Date

College President, Vice Chancellor or Chancellor Signature (as applicable)*:

Name Title Date

*If there is a level of supervision between the Evaluator and the President, that individual must sign here to indicate that he/she has reviewed the evaluation.

Name Title Date

=====

I have read the attached evaluation and have had the opportunity to discuss it with the Evaluator.

- I agree with the evaluation
- I disagree with the evaluation
- I have read the evaluation and have no comment.

I understand that I have the right to submit my comments as attachments to this evaluation within **five (5)** calendar days of receipt, and that my comments will be included in my personnel file as part of my permanent record.

Evaluee Signature:

Name Title Date