

SUPERVISORY AND PROFESSIONAL ADMINISTRATORS ASSOCIATION
EVALUATION FORM

Employee Evaluated	Title
Evaluator	Title

- A. INSTRUCTIONS: Definitions for performance level degrees:
5. Performance is exceptional. Meets definition as stated in #4 but has also demonstrated outstanding success in meeting a specific mission of the district. (Appraisal Factor #5 requires justification comments – see Section C)
 4. Performance is above average, showing consistent and important contributions which exceed expectations in this position.
 3. Performance shows satisfactory attainment of the principle objectives expected in this position.
 2. Performance has not reached a satisfactory level and is below average because of a specific deficiency.
 1. Performance shows more than one deficiency which seriously interferes with the attainment of the expected objectives of the position. (Appraisal Factor #1 requires justification comments – see Section C)

B. PERFORMANCE CRITERIA	PERFORMANCE LEVEL				
	1	2	3	4	5
1 Demonstrates effective time management					
2 Demonstrates decisiveness with good judgment					
3 Demonstrates professional growth					
4 Demonstrates effective working relationships with peers, subordinates and superiors					
5 Demonstrates effective leadership qualities					
6 Demonstrates ability to function as a team member					
7 Takes initiative in accomplishing organizational goals					
8 Demonstrates creativity in problem solving					
9 Promotes effective use of fiscal resources					
10 Completes administrative assignments on time					
11 Demonstrates integrity					

Overall Evaluation (Circle One):

- Exceptional
- Above Average
- Satisfactory
- Less Than Satisfactory
- Deficient

C. PERFORMANCE LEVELS 1 AND 5 REQUIRE JUSTIFICATION COMMENTS:

Attach additional sheets if necessary

D. PLEASE IDENTIFY ANY UNIQUE CONDITIONS that existed which influenced the evaluation of the supervisor/professional administrator, such as “being a new employee” or “on an unusual assignment.

E. PLEASE COMMENT ON THE SUPERVISOR’S/PROFESSIONAL ADMINISTRATOR’S COMMUNITY INVOLVEMENT relative to District interests, if appropriate

F. EVALUATOR’S CERTIFICATION

Evaluator’s Signature	Title	Date

G. I have discussed this report with my manager and have received a copy of it. I understand that my signature does not necessarily indicate that I am in agreement with the rating but is merely an acknowledgement that the discussion has taken place.

Employee’s Signature	Title	Date Signed
Signature of Manager	Title	Date

Supervisor/professional administrator employees may, within ten (10) workdays of receipt of this Evaluation, submit a written response to the Evaluation. Response is to be submitted to the employee’s immediate supervisor and shall be included with Evaluation when Appeal is desired and also shall be attached to the Evaluation and maintained in the office of record*

H. Appeal of Evaluation Desired: Yes: No:

I. Appealed Evaluation was reviewed and discussed with employee:

Signature of "Next Level" Manager**	Title	Date

*1 copy maintained by Manager

1 copy to employee

**In the event the "Next Level" Manager is the Chancellor, the Chancellor may select a designee

