Evaluation of Performance
Administrative & Supervisory

Administrator Name: __________________________  Position: __________________________
Work Location: __________________________    Work Year: __________________________

SECTION I - Individual Objectives (Please attach additional comments to this page.)

Signature: ___________________________/_________________________  Date: __________________________

Evaluatee  Evaluator
Evaluation of Performance
Administrative & Supervisory

Administrator Name: ______________________ Work Year: ______________________

Comments: Mid Year Progress Statement (Please attach additional comments to this page.)
Administrative & Supervisory
Evaluation of Performance

Administrator Name: ____________________________ Work Year: ____________________________

Comments: Year End Progress Statement (Please attach additional comments to this page.)

Signature:_____________________________________/__________________________________________Date:_____________________

Evaluatee                                                 Evaluator

SECTION II - SCALE
O = Outstanding, H = Highly Effective, S = Satisfactory, N = Needs to Improve, U = Unsatisfactory

**Scale Criteria:**

O = Outstanding: Meets and exceeds performance criteria; shows exemplary progress; has clear, detailed and innovative plans to maintain that progress

H = Highly Effective: Meets all performance criteria; shows significant progress and plans for continuing improvement

S = Satisfactory: Meets basic performance criteria; shows progress; makes plans for improvement

N = Needs to Improve: Not meeting performance criteria; not showing progress; demonstrates responsiveness to assistance on plans for improvement

U = Unsatisfactory: Not meeting performance criteria; not showing progress; not responsive to attempts to assist in planning

SECTION II - General Categories for Performance

I. Organizational Skills ________ IV. Job Related Skills ________
II. Communication Skills ________ V. Professional Growth & Development ________
III. Human Relations Skills ________ VI. Accountability ________

OVERALL EVALUATION FOR SECTIONS I & II ______

**Evaluatee:** I certify that this report has been discussed with me. I understand that my signature does not necessarily mean that I agree with this evaluation.

Evaluatee Signature:_________________________________________ Date:_____________________

Evaluator Signature:_________________________________________ Date:_____________________

A&S Supervisory Evaluation Form/aw/U/School Administration/Human Resources/revision
2007