

Manager/Administrator/Professional/Supervisor Performance Evaluation
For Non-Instructional District Leaders

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|-------------------------|-----------------------------------|
| Employee Name: | Employee Status and Title: |
| Department: | Location: |
| Supervisor Name: | Supervisor Title: |

1. In what ways has the employee met, failed to meet, or exceeded performance goals and standards?

2. In what areas has the employee shown development and growth in administration/management skills?

3. In what specific areas does the employee need to demonstrate additional growth and improvement?

4. Supervisor recommendations and additional comments:

5. Employee response:

This is to certify that we have read and discussed the above/attached report.

Supervisor signature

Date

Employee signature*

Date

*Signature indicates the performance appraisal has been read and discussed between supervisor and employee. Signature does not indicate employee agreement or disagreement with the content of this appraisal.