

# ORCUTT UNION SCHOOL DISTRICT

## Management Evaluation

Name					Position	Evaluation Period
Exceptional	Excellent	Good	Fair	Unsatisfactory		
					1. Knowledge: Required understanding of the position; understanding of job duties and procedures.	
					2. Professional Growth: Activities undertaken to increase job related knowledge.	
					3. Communication Skills: Oral, written and listening skills.	
					4. Initiative: Recognition of assignments to be done; willingness and resourcefulness.	
					5. Flexibility: Versatility and ability to adjust to change.	
					6. Cooperation: The ability to work as a team member.	
					7. Leadership: Inspires others to work toward an objective.	
					8. Supervision, Development and Evaluation of Staff: Actively supports, encourages and assists individuals to improve their skills.	
					9. Fiscal Management: Demonstrates judgement in establishing budget priorities.	
					10. School/Community/Parent Rapport: Demonstrates rapport and harmonious relationships with all constituents.	
					11. Rapport with Students: Demonstrates positive, supportive relationships with students.	
					12. Curriculum Management: Effectively implements district curriculum.	
					13. Facilities Management: Provides effective management of physical plant/facilities.	
					14. Time Management: Effective management of one's own time.	
					15. Judgement: Makes sound decisions.	

**Explanation of Ratings:**

**Exceptional:** Performance is markedly superior and significantly exceeds expectations.

**Excellent:** Performance is of very high quality and exceeds expectations.

**Good:** Performance is of good quality and meets expectations.

**Fair:** Performance is minimally acceptable and requires improvement to meet expectations.

**Unsatisfactory:** Performance is below expectations and is not acceptable.

Job strength and superior performance incidents. Describe areas of special noteworthiness: \_\_\_\_\_

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State specific goals to be undertaken. \_\_\_\_\_

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State progress toward attaining previously set goals. \_\_\_\_\_

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Specific work performance or job behavior requiring improvement or correction and recommendation for improvement. \_\_\_\_\_

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Evaluator's Comments: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

This document will be placed in your personnel file. You have ten (10) working days from receipt to make any signed written comments you wish, which will be attached to this evaluation and placed in your personnel file.