

**Mt. SAN JACINTO COLLEGE DISTRICT
ADMINISTRATIVE ADMINISTRATORS EVALUATION FORM**

EVALUATION PERIOD: FROM **TO**

Administrator

Department

Title

Evaluator

COMPONENT A: REVIEW OF PERSONAL GOALS AND OBJECTIVES FOR THE EVALUATION PERIOD (PLEASE ADD ADDITIONAL PAGES IF NEEDED)

GOAL/OBJECTIVE

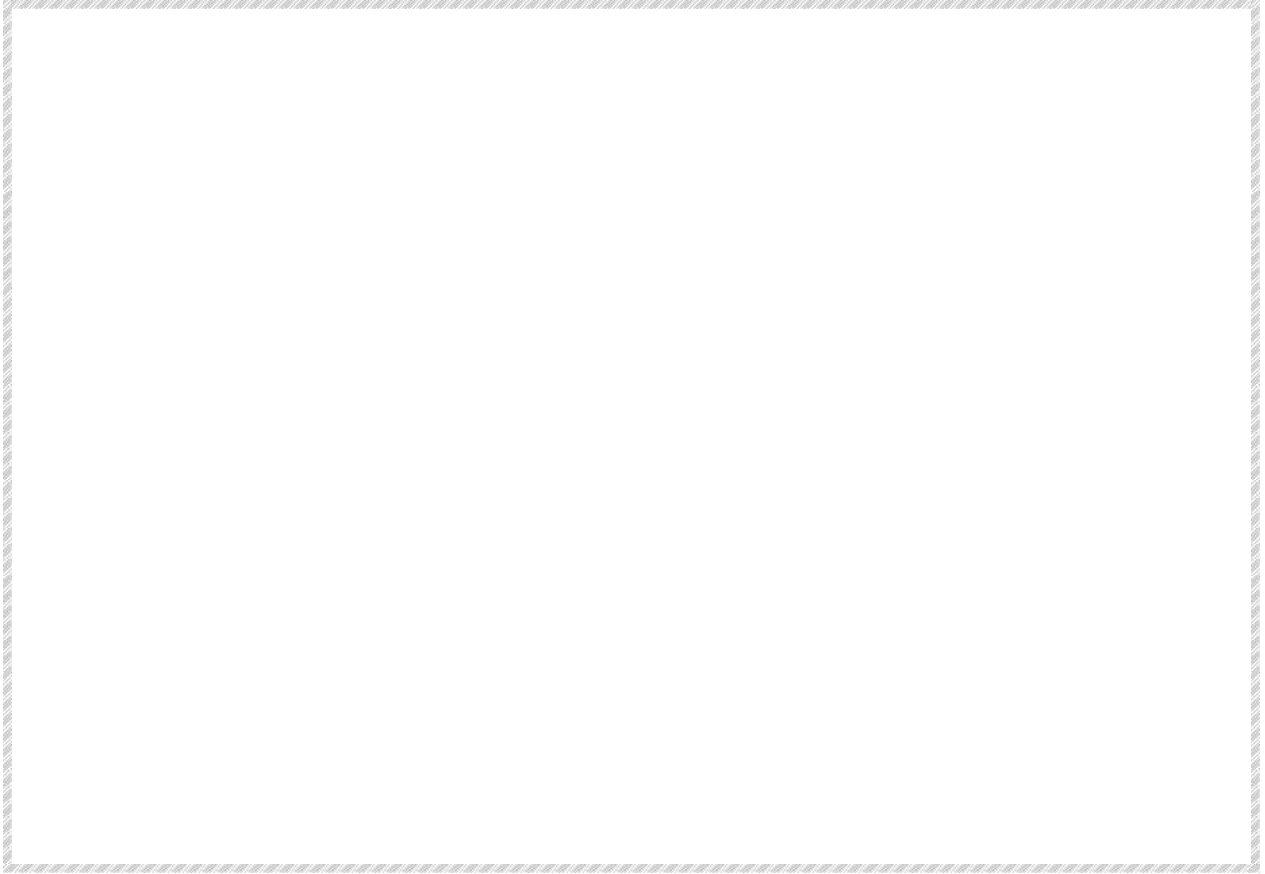
STATUS AS OF REVIEW DATE

Administrator's Signature

Date

**CONCUR WITH THE ADMINISTRATOR'S REVIEW OF HIS/HER
PERSONAL GOAL FOR THE PREVIOUS EVALUATION PERIOD.**

EVALUATOR COMMENTS:



Evaluator Signature

Date

**Mt. SAN JACINTO COMMUNITY COLLEGE DISTRICT
ADMINISTRATIVE ADMINISTRATORS EVALUATION**

FORM EVALUATION TYPE: _____

(If "OTHER", please explain.)

EVALUATION PERIOD: FROM

TO

Administrator

Department

Title

Evaluator

COMPONENT B: PERFORMANCE

PLEASE ASSESS THE PERFORMANCE OF THE ADMINISTRATOR IN EACH OF THE FACTORS LISTED. SPECIFIC COMMENTS ARE REQUIRED FOR FACTORS RATED BELOW SATISFACTORY.

1. **Planning and Organization** – Develops achievable objectives and goals. Sets logical and effective courses of action. Makes efficient use of all resources. Works cooperatively and collaboratively with faculty, staff, and students in situations calling for teamwork.

_____ **Comments:**

2. **Leadership Qualities** – Inspires confidence, respect, enthusiasm and cooperation. Performs duties and responsibilities with integrity and high professional standards. Is accessible for consultation and appointments.

_____ **Comments:**

3. **Supervisory Skills** – Fosters a consistent, productive work environment, builds morale, counsels, guides and evaluates staff accurately. Stimulates staff to excel. Delegates and assigns tasks appropriately. Listens to and considers the points of view of others in establishing supervisory practices. Functions well in a multicultural environment. Provides opportunities for staff training and professional growth activities.

_____ **Comments:**



4. **Oral and Written Communication** – Delivers articulate presentations. Prepares clear, concise written communication. Responds promptly to requests for information and assistance.

_____ **Comments:**



5. **Budgeting** – Prepares accurate budget projections. Able to operate effectively within budget allocation. Uses innovative methods to leverage fund allocations.

_____ **Comments:**



6. **Judgment/Decision Making** – Analyzes situations and data and makes appropriate decisions. Forms objective opinions. Exercises foresight. Demonstrates flexibility and resourcefulness. Relates decisions, activities, goals and objectives to the philosophy and goals of the institution.

_____ **Comments:**

7. **Initiative** – Self-motivated. Able to work independently. Seeks greater responsibility.

_____ **Comments:**

8. **Creativity** – Develops and implements new ideas and methods when appropriate.

Comments:

9. **Attitude** – Committed to college objectives and philosophy. Represents the college community well. Is collegial in dealings with others.

Comments:

10. **Knowledge and Experience** - Knows and follows institutional policies and practices. Solves problems appropriately. Professional development plan and activities reflect recognition of deficiencies in knowledge and experience and continued growth.

_____ **Comments:**

11. **Sensitivity** - Demonstrates interest in developing, utilizing and celebrating the talents of co-workers and team members. Listens to, considers and respects the views of others and provides appropriate feedback. Provides opportunities to fully participate in group decisions.

_____ **Comments:**

12. **Relationships With Other College Groups** – Collects and uses input from others when making decisions. Participates in the shared governance process.

Comments:

COMPONENT C: REVIEW PROCESS

My signature acknowledges that I have read and discussed this evaluation with my supervisor and that we have established goals for the next evaluation period. When new goals and objectives are attached to this administrative review, I acknowledge that the evaluation will become a permanent part of my personnel file. I have the right to submit written comments within ten (20) workdays and to have those comments attached to this evaluation for inclusion in my personnel file.

Administrator Signature

Date

Supervisor/Evaluator Signature

Date

Reviewed by/Next Level Administrator Signature

Date

Comments of next-level administrator:



COMPONENT D: GOALS AND OBJECTIVES FOR THE NEXT REVIEW PERIOD

GOAL/OBJECTIVE	STATUS AS OF REVIEW DATE

The signatures below acknowledge that the above goals and objectives for year _____ have been mutually agreed upon by:

_____ Administrator Signature	_____ Date
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_____ Supervisor Signature	_____ Date
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