



**Santa Monica Community College District
Office of Human Resources**

**EVALUATION FORM
for
ADMINISTRATORS, MANAGERS & SUPERVISORS**

NAME: _____ POSITION/TITLE: _____

EVALUATION PERIOD: _____ EVALUATION DATE: _____

PART I - EVALUATION NARRATIVE

Please provide a brief written narrative on each of the following items and attach additional pages as needed. The reviewer should include an assessment of the evaluatee's performance pertaining to: administrative operations, leadership, human resources, financial and material resources, communication, professional standards, problem solving, professional development, and adherence and maintenance of district policies and procedures.

A. Accomplishments based upon assigned duties, responsibilities and established objectives during evaluation period.

B. Supervision of Personnel, specific programs or areas of primary responsibility.

C. Supervision of Fiscal Resources.

D. Impact of Management and/or your Leadership Style during this evaluation period.

E. Additional Comments.

PART II - OBJECTIVES FOR NEXT PERFORMANCE PERIOD

Please list all objectives and subjectives for improvements during the next review period:

Overall Summary Rating:

Outstanding

Satisfactory

Needs Improvement

Unsatisfactory

Disclaimer:

My signature below signifies that I have read and/or discussed this evaluation with my supervisor. It does not necessarily imply that I agree with the comments of the respective parties.

Employee' Signature

Date

Reviewer's Signature

Date

Senior Staff Member's Signature

Date

cc: Employee
Supervisor
Personnel File