



**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