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| **Name:**  | **Evaluation Period Begin Date:** |
| **Title:** | January 01, \_\_\_\_\_ |
| **Board President:**  | **Evaluation Period End Date:** |
|  | December 31, \_\_\_\_\_ |

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| **AREA 1 :** | Rating for Current | Excellent |  |
| Job Description and | Evaluation Period | Commendable |  |
| Special Projects | (Check One) | Satisfactory |  |
|  |  | Unsatisfactory |  |
| Comments for current evaluation period. |
| Indicate date of last Job Description update : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **AREA 2 :** | Rating for Current | Excellent |  |
| Goals and Objectives | Evaluation Period | Commendable |  |
|  | (Check One) | Satisfactory |  |
|  |  | Unsatisfactory |  |
| Comments for current evaluation period. |
| Goals and Objectives assigned for next evaluation period. |

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|  Professional Development Plan |  |  |  |
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| Comments for current evaluation period. |
| Employee Development Plan for next evaluation period. |

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| Related Factors (Optional) |  |  |  |
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| Comments for current evaluation period. |
| Related Factors to be considered for next evaluation period. |

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| **OVERALL RATING :** | Rating for Current | Excellent |  |
|  | Evaluation Period | Commendable |  |
|  | (Check One) | Satisfactory |  |
|  |  | Unsatisfactory |  |
|  |
| Employees receiving any rating of unsatisfactory on their evaluation must be provided with constructive feedback in the written evaluation for improving job performance, including a written plan for improvement which must be specific and must be provided at the time of the first “unsatisfactory” rating.  |

**Board President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| If a staff member disagrees with their evaluation, within thirty calendar days after notification, may submit a written response to the evaluation to be incorporated therewith, **AND** within fifteen calendar days after notification, may request in writing to a board member to conduct a separate annual evaluation. **I acknowledge receipt** **of this evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Staff Member’s Signature |