



Glenn County Office of Education

**Performance Review**

*Administrators*

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

**Date:** \_\_\_\_\_

**Professional Performance Criteria Standard:**

**(Score 1 - 4)** with 4 being High

**Vision** - Ability to facilitate the development, articulation, implementation, and stewardship of a shared vision.

Employee Comments: _____	Evaluator Comments: _____
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**Collaboration** - Ability to collaborate with families, agencies, and community members in order to respond to community needs and interests and mobilize community resources.

Employee Comments: _____	Evaluator Comments: _____
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**Knowledge** - Knowledge of areas under supervision including state mandates, board policies and potential sources of funding, duties, responsibilities, and expectations for the position.

Employee Comments: _____	Evaluator Comments: _____
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**Leadership** - Ability to demonstrate ethical leadership behavior, direct and motivate employees, assess needs and develop the skills of employees, build rapport, and maintain group cohesiveness.

Employee Comments: _____	Evaluator Comments: _____
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**Decision Making** - Ability to make timely decisions using a systematic process resulting in valid conclusions.

Employee Comments: _____	Evaluator Comments: _____
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**Initiative/Creativity** - Ability to appraise needs, demands, and circumstances to recommend constructive and innovative changes for solving problems and for professional improvement in self, other personnel, and programs.

Employee Comments: _____	Evaluator Comments: _____
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**Communication** - Ability to communicate clearly and concisely with various audiences both verbally and in writing, keep people informed as appropriate, and maintain a system of open communication.

Employee Comments: _____	Evaluator Comments: _____
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**Planning/Organizing** - Ability to evaluate programs, set goals and objectives, monitor progress, anticipate needs, adapt programs for efficient and effective operation, and organize self and others to address priorities.

Employee Comments: _____	Evaluator Comments: _____
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**Interpersonal Skills** - Ability to relate to others in a cooperative and professional manner and be sensitive to the needs and reactions of others.

Employee Comments: _____	Evaluator Comments: _____
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**Coping Skills** - Ability to adapt to change; respond to unusual situations without undue stress; reflect enthusiasm, tact, and commitment to the organization, and maintain confidentiality as appropriate.

Employee Comments: _____	Evaluator Comments: _____
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**Personnel Management** - Ability to apply county personnel policies and contractual agreements and evaluate personnel as required.

Employee Comments: _____	Evaluator Comments: _____
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**Fiscal Management** - Ability to contribute to the budget-building process, operate the program within established budget guidelines, show an awareness/concern for cost-effectiveness ratios, and identify program reductions as required by decreased revenue.

Employee Comments: _____	Evaluator Comments: _____
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\_\_\_\_\_  
Employee's Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Evaluator's Signature  
Date: \_\_\_\_\_

**GLENN COUNTY OFFICE OF EDUCATION**  
Management Personnel Evaluation  
(Work Plan)

DIRECTIONS: Any employee who has areas needing improvement or which are unsatisfactory must develop a Plan for Improvement with the employee's supervisor. The supervisor lists the areas needing improvement and both the supervisor and employee indicate what each agree is necessary to implement the plan, and by when.

Employee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Areas needing Improvement:

The Employee agrees to:

The Evaluator agrees to:

By (Date): \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Evaluator's Signature

## Professional Growth Plan

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Position \_\_\_\_\_ Primary Evaluator \_\_\_\_\_

Goal/goals:

Objectives:

\_\_\_\_\_  
Department Director