

**MANAGEMENT & CONFIDENTIAL PROFESSIONAL EVALUATION FORM--ANNUAL REVIEW**

The immediate supervisor shall determine the employee's final rating. The supervisor, after discussion with the employee, will arrive at a performance rating for each objective and a composite rating based on the established Administrative Objectives.

**ADMINISTRATIVE SKILLS OBJECTIVES**

| CRITERIA CATEGORIES<br>(goals may be listed under categories)   | EXCELLENT                | CONSISTENTLY EXCEEDS<br>EXPECTATIONS | MEETS JOB<br>SPECIFICATIONS | NEEDS IMPROVEMENT | UNSATISFACTORY |
|---|--------------------------|--------------------------------------|-----------------------------|-------------------|----------------|
| <b>Knowledge &amp; Skills:</b>  |                          |                                      |                             |                   |                |
| 1.  |                          |                                      |                             |                   |                |
| 2.  |                          |                                      |                             |                   |                |
| 3.  |                          |                                      |                             |                   |                |
| <b>Interpersonal Relationships:</b>   |                          |                                      |                             |                   |                |
| 1.  |                          |                                      |                             |                   |                |
| 2.  |                          |                                      |                             |                   |                |
| 3.  |                          |                                      |                             |                   |                |
| <b>Personal Investment:</b>   |                          |                                      |                             |                   |                |
| 1.  |                          |                                      |                             |                   |                |
| 2.  |                          |                                      |                             |                   |                |
| 3.  |                          |                                      |                             |                   |                |
| <b>Professional Achievement:</b>  |                          |                                      |                             |                   |                |
| 1.  |                          |                                      |                             |                   |                |
| 2.  |                          |                                      |                             |                   |                |
| 3.  |                          |                                      |                             |                   |                |
| <b>Promise of Continued Professional Growth:</b>  |                          |                                      |                             |                   |                |
| 1.  |                          |                                      |                             |                   |                |
| 2.  |                          |                                      |                             |                   |                |
| 3.  |                          |                                      |                             |                   |                |
| <b>SIGNATURES</b><br>(Employee's signature confirms report was discussed with supervisor. It does not indicate approval of rating.) | SIGNED (Employee)        |                                      |                             | DATE              |                |
|   | SIGNED (Supervisor)      |                                      |                             | DATE              |                |
|   | SIGNED (Department Head) |                                      |                             | DATE              |                |

