



SUPERVISOR EVALUATED: _____

JOB TITLE: _____

EVALUATOR: _____

DATE OF EVALUATION: _____

Each employee needs to complete the Employee Assessment of Supervisor's Performance at the end of each academic year. The evaluating employee should complete this form and discuss it with his/her supervisor.

WHO IS A SUPERVISOR

Anyone who supervises full-time, part-time, and/or student workers; includes Division Chairs and Department Chairs.

PURPOSE OF EVALUATION

1. Serves as a useful tool in improving the performance of the organization
2. Provides an opportunity for feedback on how well employee and supervisor are fulfilling obligations to the organization and to each other.
3. Clarifies expectations of employee and supervisor roles

PERFORMANCE ASSESSMENT RATING FACTORS & DISCUSSION POINTS

Rate the supervisor on his/her performance and contributions since the last review period.

EXCEPTIONAL	Performance consistently far exceeds expectations
VERY GOOD	Performance consistently exceeds normal expectations and job requirements
ACCEPTABLE	Performance usually meets expectations and minimum requirements for the job
UNACCEPTABLE	Performance is below the minimum acceptable level

1. ACCESSIBILITY TO EMPLOYEE

Exceptional Very Good Acceptable Unacceptable

Comments _____

2. RESPONSIVENESS TO NEW IDEAS AND EMPLOYEE'S SUGGESTIONS

Exceptional Very Good Acceptable Unacceptable

Comments _____

3. PROVISION OF ENOUGH INFORMATION AND TIME TO COMPLETE ASSIGNED TASKS

Exceptional Very Good Acceptable Unacceptable

Comments _____

4. SUPPORT OF EMPLOYEE'S PROFESSIONAL DEVELOPMENT

Exceptional Very Good Acceptable Unacceptable

Comments _____

5. LEVEL OF FAIRNESS IN ALLOCATING PHYSICAL AND FISCAL RESOURCES FOR THE DEPARTMENT

Exceptional Very Good Acceptable Unacceptable

Comments _____

6. LEVEL OF FAIRNESS IN ALLOCATING THE WORKLOAD WITHIN THE DEPARTMENT

Exceptional Very Good Acceptable Unacceptable

Comments _____

7. DEVELOPMENT OF A SENSE OF TEAMWORK AMONG MEMBERS OF THE DEPARTMENT

Exceptional Very Good Acceptable Unacceptable

Comments

8. LEVEL OF FAIRNESS IN APPLYING POLICIES AND PROCEDURES WITHIN THE DEPARTMENT

Exceptional Very Good Acceptable Unacceptable

Comments

9. EFFECTIVENESS IN CONFRONTING AND RESOLVING PROBLEMS ASSOCIATED WITH THE DEPARTMENT

Exceptional Very Good Acceptable Unacceptable

Comments

10. EFFECTIVENESS IN PLANNING AND PREPARING FOR FUTURE NEEDS OF THE DEPARTMENT / COLLEGE

Exceptional Very Good Acceptable Unacceptable

Comments

STRENGTHS OF SUPERVISOR

SUGGESTED AREAS OF IMPROVEMENT FOR SUPERVISOR

WHAT CAN BE DONE TO IMPROVE THE PERFORMANCE OF THE DEPARTMENT AND ITS CONTRIBUTION TO THE MISSION OF THE COLLEGE?

DATE OF DISCUSSION: _____

EVALUATOR SIGNATURE: _____

EVALUATED SUPERVISOR SIGNATURE: _____

Note to evaluated supervisor: when discussion / evaluation is completed, please forward to your supervisor.