

(SCHOOL DISTRICT)  
**PERFORMANCE EVALUATION**  
**ADMINISTRATIVE AND SUPERVISORY PERSONNEL**

Name:

Date:

Position: Payroll/Finance

Evaluator:

**PERSONAL AND PROFESSIONAL CHARACTERISTICS**

	<u>Excellent</u>	<u>Satisfactory</u>	<u>Needs Imprvmt.</u>	<u>N/A</u>
<b>I. <u>Leadership</u></b> --Willingness to make decisions and accept responsibility; ability to bring about desired changes  Comment:				
<b>II. <u>Enthusiasm and Initiative</u></b>				
<b>III. <u>Problem Solving</u></b> —Judgement, logical thinking, creativity, imagination  Comment:				
<b>IV. <u>Professional Knowledge</u></b> Comment:				
<b>V. <u>Administrative Skills</u></b> --Planning, organizing, communicating Comment:				
<b>VI. <u>Attention to Detail</u></b> Comment:				
<b>VII. <u>Personnel Evaluation</u></b> — Assessment and improvement of employee effectiveness Comment:				

VIII. **Ability to Build and Maintain Employee Morale**--Interpersonal relations, delegation of authority, willingness to listen to and accept viewpoints of others  
 Comment:

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IX. **Peer Relationships**--Ability to function as an effective member of the administrative team  
 Comment:

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X. **School Community Relationships**--Relations with students, parents, other school employees  
 Comment:

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XI. **Community Relations**—Promotion of positive image of the school in the community  
 Comment:

<u>Excellent</u>	<u>Satisfactory</u>	<u>Needs Imprvmt.</u>	<u>N/A</u>

XII. **Areas of Strength:**

XIII. **Goals for Improvement:**

XIV. **Other Comments:**

**OVERALL SCORE**  
 (Circle One)

**SATISFACTORY**

**UNSATISFACTORY**

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

Evaluatee's Signature\*

\_\_\_\_\_  
 Date

Date

\*Evaluatee's signature indicates awareness of the contents of this evaluation, a copy of which will be placed in the employee's personnel file. The employee may attach any comments or explanations desired to the file copy of the evaluation within 30 days of the date of signing.