

San Diego Community College District Management Evaluation Form



Manager Evaluated	Title
Evaluator	Title

A. INSTRUCTIONS: Definitions for performance level degrees:

5. Performance is exceptional. Meets definition as stated in #4 but has also demonstrated outstanding success in meeting a specific mission of the district. (Appraisal Factor #5 requires justification comments – See #C).
4. Performance is above average, showing consistent and important contributions, which exceed expectations in this position.
3. Performance shows satisfactory attainment of the principal objectives expected in this position.
2. Performance has not reached a satisfactory level and is below average because of a specific deficiency.
1. Performance shows more than one deficiency that seriously interferes with the attainment of the expected objectives of the position. (Appraisal Factor #1 requires justification comments – see #C).

B. PERFORMANCE CRITERIA

	PERFORMANCE LEVEL				
	1	2	3	4	5
1 Demonstrates effective time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Demonstrates decisiveness with good judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Demonstrates professional growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Demonstrates effective working relationships with peers, subordinates and superiors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Demonstrates effective leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Demonstrates ability to function as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Takes initiative in accomplishing organizational goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Demonstrates creativity in problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Promotes effective use of fiscal resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Completes administrative assignments on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Demonstrates integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Evaluation (Check One):

- Exceptional
- Above Average
- Satisfactory
- Less Than Satisfactory
- Deficient

C. PERFORMANCE LEVELS 1 AND 5 REQUIRE JUSTIFICATION COMMENTS:

(Attach additional sheets if necessary)

D. PLEASE IDENTIFY ANY UNIQUE CONDITIONS that existed which influenced the evaluation of the management employee, such as “being a new employee”, or “on an unusual assignment.

E. PLEASE COMMENT ON THE MANAGER’S COMMUNITY INVOLVEMENT related to District interests, if appropriate.

F.

Evaluator’s Signature	Title	Date

G. I have discussed this report with my supervisor and have received a copy of it. I understand that my signature does not necessarily indicate that I am in agreement with the rating but is merely an acknowledgement that the discussion has taken place.

Employee’s Signature	Title	Date Signed
Signature of “Next Level” Manager	Title	Date

Management employees may, within ten (10) workdays of receipt of this Evaluation, submit a written response to the Evaluation. Response is to be submitted to the employee’s immediate supervisor and shall be included with the Evaluation when Appeal is desired and also shall be attached to the Evaluation and maintained in the office of record. *

H. Appeal of Evaluation desired: Yes No

I. Appealed Evaluation was reviewed and discussed with employee:

Signature of “Next Level” Manager	Title	Date

* 1 copy maintained by Assistant Chancellor/President
1 copy to employee