

ZACHARY COMMUNITY SCHOOL DISTRICT

MANAGEMENT EVALUATION

Name: _____	Evaluator: _____
Social Security Number: _____	Position: _____
Position Assigned: _____	Date: _____
	Location: _____

DIRECTIONS: The evaluator is to indicate the appropriate rating of each major topic by placing a circle around the **S**, **NI**, **U**, or **NA**.
 The evaluator shall then mark each item under the major headings using (**S**) to denote satisfactory performance, (**NI**) to denote needs improvement, (**U**) to denote unsatisfactory performance, and (**NA**) to denote not applicable.

I. GENERAL CHECKLIST

Personal Qualities

Devotes time and energy effectively to job	S	NI	U	NA
Demonstrates ability to work well with individuals and groups	S	NI	U	NA
Exercises good judgment in arriving at decisions	S	NI	U	NA
Maintains high standards of ethics, honesty, and integrity in all personal and professional matters	S	NI	U	NA

II. PROFESSIONAL PERFORMANCE IN

A. Instruction

Works effectively with teachers	S	NI	U	NA
Assumes leadership in in-service activities	S	NI	U	NA
Initiates and implements improved curricula	S	NI	U	NA

B. Related Responsibilities

Discharges assigned duties	S	NI	U	NA
Concentrates efforts in area of major responsibility	S	NI	U	NA
Is self-directed	S	NI	U	NA
Keeps abreast of current trends in education	S	NI	U	NA
Exhibits loyalty in the promotion of the system's goals	S	NI	U	NA
Exhibits professional ethics	S	NI	U	NA

C. Relationships

With teachers	S	NI	U	NA
With school administrators	S	NI	U	NA
With main office staff	S	NI	U	NA
With community	S	NI	U	NA

III. EVALUATEE'S PERFORMANCE AT THIS TIME IS: (check one)

Satisfactory _____ Needs Improvement _____ Unsatisfactory _____

IV. IMPLEMENTATION OF THE PROFESSIONAL GROWTH PLAN

Is Minimal _____ Is Satisfactory _____ Has reached completion _____

IV. COMPLETION OF SELF-EVALUATION:

(Check one)

Yes _____ No _____

V. EVALUATOR'S COMMENTS:

(Attach supplemental sheet if necessary.)

Evaluator's Signature

Date

VI. EVALUATEE'S COMMENTS:

(Attach supplemental sheet if necessary.)

Evaluatee's Signature

Date

**My signature indicates that I have read the results of the evaluation,
but does not indicate agreement or disagreement with the results.**

Evaluatee
Main Office
School File / Supervisor