IMPERIAL VALLEY COLLEGE
Administration Appraisal Form

Name _____ Date _____

Position _____ Evaluator_____

Rating Categories: **A – Excellent B – Good C – Satisfactory D – Needs Improvement E – Unsatisfactory**

Leave any question blank if you have no knowledge of evaluee's expertise.

Please place an (x) in the appropriate place using the rating category.

Administrative Practices	**A**	**B**	**C**	**D**	**E**
1. Effectively organizes Administrative Areas					
2. Effectively delegates duties, responsibilities and functions to others.					
3. Handles office matters efficiently (i.e. keeping records and reports, appointments, calendar for meetings).					
4. Defines duties and responsibilities of others with clarity					
5. Develops effective community contacts					
6. Takes an active part in constructive community projects					
7. Manages budget efficiently.					
8. Develops and maintains high level of morale among staff members					
9. Displays evidence of sound judgment.					
10. Implements personnel practices wisely and in conjunction with affirmative action and equal employment opportunity guidelines.					
11. Plans projects that are of long-range-significance.					
12. Positively interprets the objectives of the college to the community at large					
13. Effectively supports faculty participation in Student Learning Outcome activities or Service Area Outcome as appropriate.					

Comments:

Supervisory Practices	**A**	**B**	**C**	**D**	**E**
1. Approaches and handles problems in a democratic fashion.					
2. Demonstrates initiative in areas in responsibility.					
3. Confers and plans efficiently and effectively.					
4. Utilizes available assistance.					
5. Stimulates groups with whom he/she works and keeps morale high.					
6. Evidences understanding of an ability to carry out the best techniques in his/her field.					
7. Utilizes situationally appropriate management skills.					

Comments:

Staff Relationships

	A	B	C	D	E
1. Gains respect of associates.					
2. Seeks to understand a situation before passing judgment.					
3. Follows regular procedures in meetings.					
4. Respects confidences					
5. Keeps personal feelings from interrupting and damaging professional relationships					
6. Attempts to resolve conflicts in a professional manner.					
7. Seeks opinions of associates when appropriate.					
8. Is able to maintain effective interpersonal relationships with associates.					
9. Strives to be objective in relationships with staff and colleagues.					
10. Performs duties in an ethical and professional manner.					

Comments:

Evidence of Professional Growth

	A	B	C	D	E
1. Endeavors to improve management/ leadership skills.					
2. Shows interest in his/her work.					
3. Is enthusiastic about his/her work.					
4. Is willing to experiment with new ideas.					
5. Seeks assistance when necessary.					
6. Adheres to the ethics of the profession.					
7. Works to bring about positive change in educations.					

Comments:

Personal Characteristics

	A	B	C	D	E
1. Show enthusiasm.					
2. Possesses a sense of humor.					
3. Provides constructive criticism in a professional manner.					
4. Accepts constructive criticism in a professional manner.					
5. Manages administrative responsibilities with self-assurance.					
6. Presents a positive professional administrative image.					

Comments:

IMPERIAL VALLEY COLLEGE

Administration Evaluation Summary Report

Name _____ Date _____

Position _____ Evaluator_____

I. Evaluation

	Excellent	Good	Satisfactory	Needs Improvement	Unsatisfactory
a. Administrative Practices ……..					
b. Supervisory Practices ……..					
c. Staff Relationships ……					
d. Evidence of Professional Growth ...					
e. Personal Characteristics ……..					
TOTAL ……					

II. Overall Evaluation

EXCELLENT – Exemplary performance
GOOD – Performs at a level above the norm
SATISFACTORY – Meets expectations for this position
NEEDS IMPROVEMENT – Special assistance plan attached
UNSATISFACTORY – Recommendation attached

III. Additional Comments:

_____

_____

_____

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This evaluation has been discussed with me. Signing this form does not necessarily mean that I agree with all the ratings.

I wish to attach a comment to this form. ☐ **Yes** ☐ **No**

Evaluee's Signature _____ Date: _____

Evaluator's Signature _____ Date: _____

Superintendent/President _____ Date: _____