

# **MANAGEMENT TEAM MEMBER**

# **PERFORMANCE SELF-EVALUATION**

Performance Appraisal: 6 Month Probation\* [ ]  Regular [ ]  Out-of-cycle [ ]

|  |  |
| --- | --- |
| Name: | Evaluation Period:  |
| Position Title: | Employment Date: | Time in present position: |

 \**Applicable to classified management team members only.*

**Rate yourself in the following areas and provide a sufficient narrative to support your ratings.**

|  |  |  |
| --- | --- | --- |
| **PERFORMANCE FACTORS** | **RATING** | **SUPPORTING EXAMPLES** |
| 1. **Leadership**
 |
| **Problem Solving & Decision-Making**Demonstrates ability to weigh alternatives, consider variables, analyze information, and make a definitive judgment free from contradiction and vagueness. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Innovation & Initiative**Demonstrates ability to promote and implement new ideas; presents creative solutions to problems and initiates implementation; encourages risk taking; communicates a range of innovation by empowering employees to work independently to achieve goals; is resourceful. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Commitment & Contributions to College Plans**Demonstrates ability to fulfill the mission of the college in the course of completing assignments; reflects a District-wide perspective in decision making; recognizes and maintains policies and procedures that support the college mission. Ensures assigned staff understands and participates in achieving College Goals. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |

|  |  |  |
| --- | --- | --- |
| **Fiscal Responsibility**Demonstrates ability to develop, monitor and maximize financial resources; possesses a comprehensive understanding of budget development; ensures fiscal compliance; tracks expenditures; educates staff regarding budget and expenditures; develops budget priorities; controls costs effectively; keeps accurate records; ties budget to short- and long-range planning objectives; considers the needs of the institution in budgeting process. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Inclusion, Diversity, Equity, Accessibility, & Anti-Racism**Demonstrates inclusion of IDEAA and anti-racist principles into existing policies and practices, funding allocations, decision-making, planning, and program review processes. Takes into account the experience and performance of students and colleagues of diverse backgrounds, and work to close equity gaps in student outcomes and hiring. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| 1. **Interpersonal Skills**
 |  |  |
| **Trust**Demonstrates ability to work with others to instill confidence; demonstrates integrity; follows the code of ethics; follows through on commitments; is consistent in relationships with faculty and staff. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Collaboration**Demonstrates ability to work together with others to achieve goals; cooperates willingly; works in non-adversarial mode with diverse groups of people and ideas; facilitates participation in decision-making processes; plans and manages in the context of shared governance. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Supervision**Demonstrates ability to guide and motivate others toward District, department, and individual goal achievement; develops effective teams; provides vision; facilitates development; balances authority and service; is accountable for actions and decisions; guides and directs the development of department/program; inspires others through unity of purpose; respects others' responsibilities and commitments. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |
| **Goal Achievement**Demonstrated achievement of and accountability for previously set goals. | * Performance exceeds expectations
* Performance meets expectations
* Performance needs improvement
* Performance is unsatisfactory
 |  |

**Current Year Goals**

Summary of your goals and objectives based on District plans and goals for the coming year: (Use additional pages as needed.)

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| **Request for Support *(Optional)*** |
| I am requesting the following assistance (e.g., equipment, support, conferences, professional development trainings, etc.) to be more successful in my position and support my goal achievement as described above. |  |

**I rate my overall performance as:**

[ ]  **Exceeds Expectations** [ ]  **Meets Expectations** [ ]  **Needs Improvement** [ ]  **Unsatisfactory**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Employee |  | Date |

# **MANAGEMENT TEAM MEMBER PERFORMANCE APPRAISAL**

 **SUPERVISOR SUMMARY**

 ***CONFIDENTIAL***

Performance Appraisal: 6 Month Probation\* [ ]  Regular [ ]  Out-of-cycle [ ]

Survey Year: Yes [ ]  No [ ]

|  |  |
| --- | --- |
| Name: | Evaluation Period:  |
| Position Title: | Employment Date: | Time in present position: |

 *\*For classified management team members only.*

**Current Year Goals**

Summary of goals and objectives based on District plans and goals for the coming year: (To be agreed upon by both evaluator and employee being evaluated and should include any planned professional development activities. Use additional pages as needed.)

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**Instructions to Evaluator -** The following ratings represent your best judgment after considering the input received from those surveyed (if applicable). Understand that the ratings that follow are yours and will only reflect the survey input insofar as you deem appropriate.

Supporting comments required when rating other than Performance Meets Expectations is selected.

|  |  |  |
| --- | --- | --- |
| **PERFORMANCE FACTORS**How do these support the goals of the District. | **RATING** | **SUPPORTING OBSERVATIONS****& EXAMPLES** |
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 |
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* Performance is unsatisfactory
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| **Goal Achievement**Demonstrated achievement of and accountability for previously set goals. | * Performance exceeds expectations
* Performance meets expectations
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* Performance is unsatisfactory
 | (Describe each goal and outcomes) |

Over-all performance appraisal: Summarize by reviewing with the employee the total requirements of their present job description, goals & objectives and supporting observation: (check one)

|  |  |  |
| --- | --- | --- |
| [ ]  Meets/Exceeds Expectations | [ ]  Needs Improvement  | [ ]  Unsatisfactory |
|  [ ]  Permanent Status\* *(Applicable to classified management team members only.)*   |

*\* This rating to be substantiated by supporting observation, examples and specific areas for improvement.*

Conference with employee held on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluated by:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Title |  | Signature |  | Date |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Comments: | Below: | [ ]  | Attached: | [ ]  | None: | [ ]  |

Comments:

In signing the Evaluation Report Form, the employee acknowledges having seen and discussed the report. The employee's signature does not necessarily indicate agreement with the conclusions of the evaluator. The employee may submit a response to this report, in writing, to the evaluator with a copy to the Office of Human Resources within ten (10) working days from the date of this report. That copy will be attached and filed with the Evaluation Report Form (Section 87031, California Education Code).

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| --- | --- | --- |
|  |  |  |
| Signature of Employee |  | Date |

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ROUTE TO:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
|  |  | Supervising Administrator (if appropriate) |  | Date |
| 2. |  |  |  |  |
|  |  | Component Administrator (if appropriate) |  | Date |
| 3. |  |  |  |  |
|  |  | President/Superintendent (if appropriate) |  | Date |

Form Updated – 01.18.24

S:\HR Executive Assistant\EVALUATIONS\1 Management Evaluation forms as of 01.01.24\Management Team Performance Evaluation (New 01.18.24).docx