TO: PARTICIPANTS IN THE COMPREHENSIVE ADMINISTRATOR PERFORMANCE EVALUATION:

FROM: ________________________________________

RE: PERFORMANCE EVALUATION OF __________________________________________

The Comprehensive Administrator Performance Evaluation process for administrators in the San Jose/Evergreen Community College District is designed to promote and support appropriate leadership and management skills, to improve the overall operation of the organization, to assist the administrator in the growth and development of professional abilities, and to identify areas of strength and challenge. This process recognizes the effectiveness of the administrator and assists the administrator in the improvement of performance.

The Comprehensive Administrator Performance Evaluation consists of three components of evaluation: major job duties and responsibilities; annual goals and objectives; and behavioral skills. You are being asked to participate in the assessment and evaluation of the administrator’s by completing the Behavioral Skill Areas Form. As someone within this administrator’s sphere of influence or as someone knowledgeable of the administrator’s work, you are asked to complete the attached form objectively and honestly.

Please read each statement carefully and then indicate the rating that best reflects your assessment of the administrator’s performance in that area. If you are unable to assess the skill or have no data upon which to make an assessment please mark the NA/O section. A comment section is provided for each behavioral skill area. You are also asked to indicate the administrator’s greatest strength, areas for improvement and to include any additional comments.

Be assured that confidentiality will be observed throughout this process. No individual responses will be shown to the administrator whose performance is being evaluated. Only the Supervisor/Evaluator will see your response. The Supervisor/Evaluator will summarize the responses of those who participate.

Please return the completed questionnaire with this signed cover sheet to me by October _______.

Signature ___________________________ Date ________________

I am a  □ Administrator  □ Faculty  □ Classified  □ Supervisor  □ Confidential  □ Other

_____ I do not wish to participate in this process because __________________________________________

____________________________________________________________________________________