

**GLENDALE COMMUNITY COLLEGE DISTRICT
Management / Administrator Evaluation Form**

Manager / Administrator Name: _____

Evaluation Period: From _____ To _____

Supervisor (Primary Evaluator): _____

Rating Key: 1- Needs Improvement 2-Meets Standard 3-Exceeds Standard

	1	2	3
I. Performance of Job Duties (attach copies of job objectives and self-evaluation of these objectives) <i>Comments:</i>			
II. Role in improving teaching, learning and/or institutional effectiveness <i>Comments:</i>			
III. Meeting defined goals and objectives <i>Comments:</i>			
IV. Leadership <i>Comments:</i>			
V. Employee Relations <i>Comments:</i>			
VI. Communication <i>Comments:</i>			
VII. Personal Qualities <i>Comments:</i>			
VIII. Other <i>Comments:</i>			
VIX. Overall Rating <i>Comments:</i>			

Note: The overall rating is not necessarily an average or composite of the subsections. The comments should include commendations and recommendations with specific suggestions. Attach extra pages as needed.

- | |
|---|
| <input type="checkbox"/> I have seen this report and agree with the conclusions of the primary evaluator.
<input type="checkbox"/> I do not agree with the conclusions of the primary evaluator (manager / administrator may attach a statement to the evaluation form). |
|---|

Manager / Administrator

Date

Supervisor's (Primary Evaluator) Signature

Date

Vice President's Signature

Date

Superintendent/President's Signature

Date