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|  | **MSCC SUPERVISOR** **ANNUAL PERFORMANCE EVALUATION FORM** |

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| Employee Name | Job Title | Evaluation Date |
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| Supervising Administrator Name | Supervising Administrator Title | Evaluation Period |
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| **PERFORMANCE AREAS**Key Job Responsibilities**In order of priority, list the top 3 to 5 job responsibilities of this position or attach the current job description.** |
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| **PROSPECTIVE ANNUAL GOAL STATEMENTS/ MID-YEAR REVIEW & FEEDBACK**List 3 to 5 key goals to be accomplished -- short statements of expectation. Conduct mid-year review of progress. |
| Goal Statement #1 | Mid-Year Review\_\_\_ On-Track\_\_\_ Needs AttentionFeedback: |
| Goal Statement #2 | Mid-Year Review\_\_ On-Track\_\_\_ Needs AttentionFeedback: |
| Goal Statement #3 | Mid-Year Review\_\_\_ On-Track\_\_\_ Needs AttentionFeedback |
| Goal Statement #4. | Mid-Year Review\_\_\_ On-Track\_\_\_ Needs AttentionFeedback: |
| Goal Statement #5 | Mid-Year Review\_\_ On-Track\_\_\_ Needs AttentionFeedback: |

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| **PERFOMANCE SUCCESS FACTORS** |
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| **Instructions:** Identify the Success Factors which are relevant to the job. If a factor is not applicable to the job, please indicate by recording “N/A”.  |
| List additional Success Factors that are important but are not listed below; list and define additional behaviors in the space designated “Other”. Administrator/Manager: Assess each relevant factor, specifying both areas of strength and, if applicable, areas for improvement. |
| **1. Planning & Organizing**: Establishes courses of action for oneself and/or others that are efficient and effective in meeting short- and long-term goals. | **Review/Evaluation** |
| **2. Manages Execution**: Assigns responsibilities; delegates and empowers others to accomplish assignments; when necessary, coordinates work efforts; monitors progress; gets things done. | **Review/Evaluation** |
| **3. Judgement & Decisiveness**: Makes timely and sound decisions based upon analysis which reflect factual information; understands the short- and long-term consequences when making decisions. | **Review/Evaluation** |
| **4. Quality-of-Service**: Makes effort to listen to and understand internal/external audiences, anticipates their needs and gives top priority to their satisfaction; displays sensitivity to their sense of urgency. | **Review/Evaluation** |
| **5. Performance Planning & Management**: Provides clear direction and priorities; consistently measures results; gives timely feedback and helpful coaching. Carries out discipline when needed. | **Review/Evaluation** |
| **6. Sensitivity to Others:** Demonstrates sensitivity and awareness to the diversity (cultural, racial, social and economic) of students, staff, faculty, management and the community to ensure the area is responsive to the needs of those served. | **Review/Evaluation** |
| **7. Team Leadership**: Accomplishes tasks leading and working with others, builds effective teams committed to organization goals; fosters collaboration among team members and among teams. | **Review/Evaluation** |
| **8. Initiative**: Sets high goals/standards of performance for self and/or others; actively attempts to influence events; takes action beyond explicit job responsibilities. | **Review/Evaluation** |
| **9. Oral/Written Communications**: Effectively gives and receives information; clearly presents ideas/tasks to groups/individuals; actively listens to others demonstrating attention to and understanding of expressed comments and concerns. | **Review/Evaluation** |
| **10. Job Knowledge:** Masters required knowledge to carry out duties | **Review/Evaluation** |
| **11. Technical Expertise:** Demonstrates the technical skills required by the positon and maintains currency in the field. | **Review/Evaluation** |
| **12. Other (Please Define)** | **Review/Evaluation** |

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| **OVERALL PERFORMANCE EVALUATION** |
| Consider what has been accomplished and how job responsibilities were accomplished. Summarize performance results below.  |
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| **EMPLOYEE COMMENTS** |
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**ACKNOWLEGEMENTS**

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| EMPLOYEE SIGNATURE: | DATE: |
| SUPERVISING ADMINISTRATOR SIGNATURE: | DATE: |
| RECEIVED BY PERSONNEL: | DATE: |

(EMPLOYEE’S SIGNATURE CONFIRMS RECEIPT OF THIS EVALUATION. IT DOES NOT NECESSARILY CONSTITUTE AGREEMENT WITH THIS EVALUATION.)