

**SUPERVISOR
EVALUATED:** _____

**JOB
TITLE:** _____

EVALUATOR: _____

**DATE OF
EVALUATION:** _____

The factors listed below are critical to the successful performance of supervisors of Alvin Community College. This form should supplement the Performance Assessment and Development Plan for all levels of supervisors and managers. The employee should be rated on their performance and contributions in their present position during the current review period. Rating criteria is shown on the bottom of this form. This assessment form may also be used for further evaluation of personnel at pay grade "E", or above, to evaluate the effectiveness of increased job responsibilities and interaction.

	1	2	3	4	5	NA
1. LEADERSHIP / Builds and maintains a positive work climate projecting a balanced objective approach while inspiring innovation among subordinates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is available to counsel and/or assist his/her staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is fair and consistent in the supervision of his/her staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. COLLEGE POLICY / Ensures that his/her staff is familiar with policies and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. DELEGATION / Utilizes staff effectively and assigns specific responsibilities/tasks to subordinates in a clear and concise manner; Ensures that employees perform to the best of their ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. TEAM PERFORMANCE / Develops a cohesive team emphasizing communication, cooperation and positive interaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. DEVELOPMENT / Motivates, coaches, trains and works with subordinates to devise better work methods or techniques and to identify opportunities for improvements or organizational change. Encourages development of all staff members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supportive Comment(s) (required for any evaluation item marked 1, 4, or 5)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Dean/Director Signature: _____ Date: _____

Employee signature indicates that the evaluation was reviewed and discussed. It does not necessarily indicate agreement.

1. Exceptional - Clearly exceeds performance requirements. Results are the best that can be expected; recognize strengths.	2. Strong - Consistently meets performance requirements. Often exceeds desired results.	3. Standard - Generally meets performance requirements. Occasionally exceeds and seldom falls short of desired results.	4. Needs Improvement - Meets only the minimum performance requirements. Lacks consistency. Often falls short of desired results. Performance less than standard.	5. Unsatisfactory - Rarely achieves even the minimum performance requirements. Consistently falls short of desired results. No improvement shown.
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