

**UNION-ENDICOTT CENTRAL SCHOOL DISTRICT
ADMINISTRATIVE PERFORMANCE EVALUATION**

PERFORMANCE EVALUATION FOR: _____

EVALUATION TIMEFRAME: _____

WRITTEN BY: _____

GOALS:

WORK GROUP ORGANIZATION:

STAFF EVALUATIONS:

STAFF DEVELOPMENT:

HUMAN RELATIONS AND COMMUNICATIONS:

SCHOOL/DEPARTMENT OPERATIONS:

PROBLEM SOLVING AND DECISION MAKING:

STAFF AND PROGRAM LEADERSHIP:

EVALUATOR'S COMMENTS:

ADMINISTRATOR'S COMMENTS:

Acknowledgement Statement: I have read this evaluation, I understand the contents expressed and I understand that I have the right to further discuss this report with the evaluator if I have any concerns and/or questions. My signature affixed hereto indicates that I understand these matters and does not necessarily mean that I agree with the contents and/or the opinions expressed either in part or in whole by the evaluator. I understand that if I do not agree with the contents of the evaluation I have the right to render a written response, which will be attached to this report in my personnel file.

Signature of Administrator

Date

Signature of Evaluator

Date

Please sign both copies and return to _____ Office.