

CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT

ADMINISTRATOR PERFORMANCE EVALUATION

FORM A*—ANNUAL GOALS, OBJECTIVES, AND TARGET COMPLETION DATES

Name of Employee
Being Evaluated (Evaluatee) _____

Title _____

Department/Location _____

Evaluation Year: From _____ Through _____

Name of Evaluator _____

Title _____

Check One: **Annual Evaluation** **Comprehensive Evaluation**

Directions: Develop and list three to five goals and related objectives and target completion dates for the performance period. These goals and objectives are to relate to your position responsibilities, District, college, and unit priorities. Resource and time requirements should be taken into account. Include comments on any training and development needs. Use additional sheets, if needed.

Forward a copy to the Evaluator (your supervisor) at least one week prior to the Initial Planning Session of the Administrator Performance Evaluation process. The goals and related objectives will be confirmed during that session.

| | |
|--------------------------------|--|
| Sample Format: | |
| Goal | |
| Target Completion Date: | |
| Related Objectives: | |
| a. | |
| b. | |
| c. | |

Evaluatee Signature _____ Date _____

Evaluator Signature _____ Date _____

Submit to supervisor at least 1 week prior to Initial Planning Session. Submit updated form to supervisor 2 weeks after Initial Planning Session.