

West Kingman County
UNIFIED SCHOOL DISTRICT NO. 332
Cunningham, Kansas 67035
ADMINISTRATOR EVALUATION

Form 1

Name _____ School _____

KEY TO THE RATING SCALE:

1. Area of particular strength noteworthy of recognition and commendation.
2. Area of particular strength.
3. Area which is satisfactory/effective.
4. Area in need of special attention or improvement
5. Area in need of immediate attention or improvement, lacks effectiveness

Rating

- _____ 1. PERSONAL CHARACTERISTICS (Appearance, health and vitality, disposition)
Comments:
- _____ 2. LEADERSHIP CHARACTERISTICS (Willingness to make decisions and accept responsibility; forcefulness; ability to effect desirable change; enthusiasm and initiative shown in work)
Comments:
- _____ 3. SUCCESS IN PROBLEM SOLVING (Judgement, logical thinking, creativity, imagination)
Comments:
- _____ 4. PROFESSIONAL KNOWLEDGE & UNDERSTANDING (Keeps current on educational trends)
Comments:
- _____ 5. SUCCESS IN SUPERVISION (Evaluating and improving teaching; developing a strong instructional program)
Comments:
- _____ 6. ABILITY TO BUILD MORALE (Democratic in interpersonal relations; delegates; listens to other points of view)
Comments:
- _____ 7. INTERACTION WITH OTHERS (Professional ethics, colleagues, staff, student, community)
Comments:
- _____ 8. ATTENTION TO DETAIL AND ROUTINE (Aware of use of district facilities, services, reports, orders, physical plant management)
Comments:

This report has been discussed with the administrator.

Date: _____ Signature of Administrator: _____

Date: _____ Signature of Evaluator: _____

Items rated here as needing improvement or lacking effectiveness are to be followed up by making a Performance Objective, Form No. 3, after the need has been further identified by use of Form No. 2, which expands the areas shown on this form.

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Form 2

IDENTIFICATION OF PROBLEM AREAS

When problems arise in any of the evaluation groupings or other areas which might be related to the administrator's performance of his or her duties, the evaluator shall talk with the administrator about the problem and a summary shall be prepared in duplicate by the evaluator and signed by both the administrator and evaluator.

Evaluator

Evaluatee

Date

West Kingman County
UNIFIED SCHOOL DISTRICT NO. 332

Form 3

Administrator _____

Date: _____

GUIDE TO ADMINISTRATOR EVALUATION

Area of Concentration for Improvement

1. Performance Objective(s):

2. Actions to meet Objective(s):

3. Evaluation of the improvements:

Any item marked "Needs Improvement" or "Lacks Effectiveness" must be accompanied by an "Area of Concentration for Improvement" as developed by evaluator and administrator.

Date: _____

Viewed by: _____
Evaluator

Evaluatee

