

**WEST BATON ROUGE PARISH SCHOOL SYSTEM
MANAGEMENT EVALUATION**

NAME _____ POSITION _____

YEARS IN POSITION 0-3 4+

EVALUATOR _____ POSITION _____

DATE _____ LOCATION _____

CODE: S – Satisfactory NA - Not Applicable NI - Needs Improvement U - Unsatisfactory

I. GENERAL CHECKLIST

Personal Qualities:

	S	NI	NA	U
1. Devotes time and energy effectively to job	___	___	___	___
2. Demonstrates ability to work well with individuals and groups	___	___	___	___
3. Exercises good judgment in arriving at decisions	___	___	___	___
4. Maintains high standards of ethics, honesty, and integrity in all personal and professional matters	___	___	___	___

II. PROFESSIONAL PERFORMANCE IN:

A. Instruction

	S	NI	NA	U
1. Works effectively with teachers, principals, professional colleagues, etc.	___	___	___	___
2. Assumes leadership in in-service/staff development activities	___	___	___	___
3. Initiates and implements improved curricula	___	___	___	___

B. Related Responsibilities

	S	NI	NA	U
1. Discharges assigned duties	___	___	___	___
2. Concentrates efforts in area of major responsibility	___	___	___	___
3. Is self-directed	___	___	___	___
4. Keeps abreast of current trends in education and area(s) of responsibility	___	___	___	___
5. Exhibits loyalty in the promotion of the system's goals	___	___	___	___
6. Exhibits professional ethics	___	___	___	___

C. Relationships

	S	NI	NA	U
1. With teachers	___	___	___	___
2. With school administrators	___	___	___	___
3. With central office staff	___	___	___	___
4. With community	___	___	___	___

III. EVALUATEE'S PERFORMANCE AT THIS TIME IS: (check one)

Satisfactory Needs Improvement Unsatisfactory

IV. IMPLEMENTATION OF PROFESSIONAL GROWTH PLAN

Progress toward Achievement of Professional Growth Plan is: (check one)

Minimal Satisfactory Has Reached Completion

V. COMPLETION OF SELF-EVALUATION: (attach sheet if necessary)

Yes

No

VI. NARRATIVE COMMENTS BY EVALUATOR: (attach sheet if necessary)

EVALUATOR'S SIGNATURE _____ **DATE** _____

VII. EVALUATEE'S COMMENTS: (attach sheet if necessary)

EVALUATEE'S SIGNATURE _____ **DATE** _____

My signature indicates that I have read the results of the evaluation but does not indicate agreement or disagreement with the ratings or comments.

