



# Flagler County Schools Comprehensive Employee Evaluation Form

## School-Based Administrator

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Dept: \_\_\_\_\_ School Year \_\_\_\_\_

Formative Evaluation \_\_\_\_\_

Summative Evaluation \_\_\_\_\_

### 1. Leadership

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 2. Decision Making

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 3. Planning & Organizing

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 4. Communication

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 5. Interpersonal Relationships

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 6. Productivity & Initiative

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 7. Commitment to Mission

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

### 8. Personnel Development

Unsatisfactory 1  Needs Improvement 2  Satisfactory 3  Very Effective 4

**Total Score**  (Maximum score is 32)

Unsatisfactory 8-12  Needs Improvement 13-20  Satisfactory 21-28  Very Effective 29-32

Employee is recommended for:  Reappointment  Dismissal  Continuance of Probationary Status



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Name: \_\_\_\_\_ Position: \_\_\_\_\_

School/Dept: \_\_\_\_\_ School Year \_\_\_\_\_

Formative Evaluation \_\_\_\_\_

Summative Evaluation \_\_\_\_\_

Comments of the Evaluatee: \_\_\_\_\_

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Comments of the Evaluator:

The evaluation has been discussed with me:  Yes  No

\_\_\_\_\_  
Evaluatee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of