

ESSEX COUNTY COLLEGE
PROFESSIONAL EVALUATION FORM

Purpose of this evaluation: To make an evaluative inventory, pinpointing strengths and weaknesses, and to outline a practical improvement program, if indicated.

Name	Department	Job Title	
Evaluation Period	Evaluation Type	Years in Position	Date of Hire
Have the duties of this position changed since the last review? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please specify _____			

EVALUATION CRITERIA: Indicate your rating of employee's job performance by placing a number in the box which best categorizes performance.

Not Applicable	Major Improvement Needed	Competent Performance	Very Effective Performance	Outstanding Performance
1	2	3	4	5

MANAGEMENT

A. SELF MANAGEMENT

1. Understands the role of this department within framework of College goals.	[]
2. Manages time effectively.	[]
3. Establishes job related objectives for self.	[]
4. Monitors own progress toward achieving goals and takes corrective action as appropriate.	[]

B. SUPERVISORY MANAGEMENT

1. Effectively uses abilities of staff and develops them for more responsible duties.	[]
2. Delegate's responsibility to promote personal and professional growth of staff.	[]
3. Directs others to effective performance.	[]
4. Establishes job related objectives for subordinates.	[]
5. Monitors progress of subordinates.	[]

TECHNICAL

A. COMPETENCE

1. Demonstrates sufficient knowledge to perform job responsibilities.	[]
2. Demonstrates an ability to learn new techniques.	[]

B. QUALITY

1. Accomplishes tasks accurately.	[]
2. Completes all aspects of assigned tasks thoroughly.	[]

C. QUANTITY- Accomplishes the amount of work expected for the position. []

PERSONAL ATTRIBUTES

A. COMMUNICATION

1. Organizes and orally expresses thoughts clearly and concisely.	[]
2. Organizes and expresses thoughts clearly and concisely in writing.	[]

B. JUDGEMENT - Is a sound, logical thinker. Makes judgments on credible evidence. []

C. DEPENDABILITY- Can be relied upon to work toward the accomplishment of College/Department goals. []

D. INITIATIVE AND CREATIVITY

1. Has drive and resourcefulness.	[]
2. Deviates from routine for greater effectiveness when warranted.	[]

E. PERFORMANCE UNDER PRESSURE- Is able to perform duties under pressure and remain calm in crises situations. []

F. HUMAN RELATIONS- Demonstrate warmth and enthusiasm and relates to others in a positive way. []

G. PROFESSIONAL DEVELOPMENT- Shows evidence of learning and growing in professional skills and development. []

Overall Average _____

EMPLOYEE IS RECOMMENDED FOR RETENTION: YES NO

SUPPORTIVE COMMENTS:

RECOMMENDATIONS FOR IMPROVEMENT: (May be completed for general improvement comments. Must be completed for major or or minor improvement categories.)

Evaluator's Name Title

Signature Date

I have reviewed this evaluation and made the following comments: (Use additional pages if necessary.)

EVALUATEE: (Signature does not mean agreement with the contents of the evaluation.)

Signature Date

Signature *Acceptance of Recommendation

Director/Chairperson Date Yes No

Area Head Date Yes No