|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXECUTIVE EMPLOYEE EVALUATION FORM** | | | | | | | | | | |
|  | |  | | |  | |  | | |  |
| **Employee's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Evaluation Period Ending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
| **Behaviors and Working Relationships** | | | | | | | | | | |
| **[4. Exceptional] [3.Satisfactory] [2. Needs Improvement] [1.Unsatisfactory]** | | | | | | | | | | |
| **I. General Criteria** | | | **E** | **S** | | **NI** | | **U** | **Comments** | |
| 1. **Professionalism** | | | **4** | **3** | | **2** | | **1** |  | |
| Appears Professional and Well-groomed | | |  |  | |  | |  |  | |
| Exhibits Punctuality and Attendance | | |  |  | |  | |  |  | |
| Maintains Confidentiality | | |  |  | |  | |  |  | |
| Practices Safety Habits | | |  |  | |  | |  |  | |
| Utilizes Professional Development | | |  |  | |  | |  |  | |
| Is Knowledgeable of and Adheres to Agency Policies and Procedures | | |  |  | |  | |  |  | |
| 1. **Communication and Relations** | | |  |  | |  | |  |  | |
| Displays Superior Client Relations | | |  |  | |  | |  |  | |
| Keeps Supervisor Informed | | |  |  | |  | |  |  | |
| Follows Supervisor's Directions | | |  |  | |  | |  |  | |
| Displays Effective Written and Oral Communication | | |  |  | |  | |  |  | |
| Demonstrates cultural awareness in service delivery and agency communication | | |  |  | |  | |  |  | |
| 1. **Teamwork** | | |  |  | |  | |  |  | |
| Practices Teamwork | | |  |  | |  | |  |  | |
| Works to achieve organizational goals | | |  |  | |  | |  |  | |
| 1. **Quality/Quantity of Work** | | |  |  | |  | |  |  | |
| Demonstrates Productivity | | |  |  | |  | |  |  | |
| Exhibits Initiative | | |  |  | |  | |  |  | |
| Demonstrates Resourcefulness | | |  |  | |  | |  |  | |
| Manages Program Resources | | |  |  | |  | |  |  | |
|  | | |  |  | |  | |  | | |
| **Job Specific Duties** | | | | | | | | | | |
| **A. Primary duties based on job description** | | | | | | | | | | |
| **Performance level indicators 4 Consistently generates results above those expected of the position.** **3 Fulfills all major position requirements and generates desired results.**  **2 Progressing, but not yet fulfilling all position requirements.**  **1 Overall work performance is unsatisfactory and does not meet**  **minimum job standards.** | | | | | | | | | | |
| **[4. Exceptional] [3.Satisfactory] [2. Needs Improvement] [1.Unsatisfactory]** | | | | | | | | | | |
| **Performance Level:**  4 | **Exceptional** | | | | | | | | | |
| Specific Job Function(s): | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| **Performance Level:**  3 | **Satisfactory** | | | | | | | | | |
| Specific Job Function(s): | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| **Performance Level:**  2 | **Needs Improvement** | | | | | | | | | |
| Specific Job Function(s): | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| **Performance Level:**  1 | **Unsatisfactory** | | | | | | | | | |
| Specific Job Function: | | | | | | | | | | |
| Comments: | | | | | | | | | | |
| **III. Continuous Improvement Goals** | | | | | | | | | | |
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| **IV. Comments:** | | | | | | | | | | |  |
|  | | | | | | | | | | |  | **3**  **☐** | **2**  **☐** | **1**  **☐** |
|  | | | | | | | | | | |
| ***Notice to Employee:*** It is the right of the individual being evaluated to file a written statement regarding this evaluation. This written statement must be presented to the supervisor within 14 working days of receiving this evaluation. It is suggested that you keep a copy of your statement responding to your evaluation and obtain an acknowledgement of receipt from the supervisor.   * Employee comments attached   Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ACKNOWLEDGEMENT OF RECEIPT  *My signature below signifies that I have read and been provided with a copy of this evaluation, and that I understand my right to respond in writing, should I desire to do so. My signature is not an indication of my agreement or disagreement with the evaluation.*  Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |