

BILLINGS PUBLIC SCHOOLS
ADMINISTRATIVE PERFORMANCE MANAGEMENT SYSTEM
PERFORMANCE MANAGEMENT EVALUATION

NAME _____

POSITION _____

DATE _____

Before making the evaluation, carefully review the statements listed for each competency on the Competency Checklist and the instructions for this form. Support ratings with explanatory remarks as appropriate. Above the *Below Expectation* ratings must be supported by specific comments and references.

Administrative Competencies	Performance Level
1. <u>Commitment to Mission</u> Comments:	Select: Above Expectation, At, Below, or Not Applicable
2. <u>Teamwork</u> Comments:	
3. <u>Instructional Leadership</u> Comments:	
4. <u>Organization and Management</u> Comments:	
5. <u>Personal/Professional Development</u> Comments:	
6. <u>Professional/Technical Knowledge</u> Comments:	
7. <u>Individual Objectives Review</u> Comments:	

Objective 1:

Objective 2:

Objective 3:

February 2001

Objective 4:

Objective 5:

Objective 6:

Objective 7:

Objective 8:

Overall Evaluation

Comments of Evaluator:

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Comments of Evaluatee:

Evaluatee acknowledges receipt of evaluation:

_____ **Date:** _____

Evaluator: _____