Manager Evaluation - Step 3   Coast Community			
Manager's Name: Evaluator's Name: Department/Division: Evaluator's Title:  Achievement of Goals (degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)  Behavioral Survey Feedback	Manager Evaluation – Step 3	5 - L Community	
Manager's Name: Evaluator's Name: Department/Division: Evaluator's Title:  Achievement of Goals (degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)  Behavioral Survey Feedback	(To be completed by the evaluator)	COAST College District	
Evaluator's Name:  Evaluator's Title:  Achievement of Goals (degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)  Behavioral Survey Feedback	Manager's Name:	Evaluation period:	
Achievement of Goals (degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)	Manager's Title:		
Achievement of Goals (degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)  Behavioral Survey Feedback	Evaluator's Name:	Department/Division:	
(degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)  Behavioral Survey Feedback	Evaluator's Title:		
	(degree of success in completing annual objectives, taking into consideration the degree of difficulty		
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	Rehavioral Survey Feedback		

Manager Evaluation		
Name: Page 2		
Supervisor Feedback (including comments focusing on the areas listed below)		
Job Knowledge:		
Leadership:		
Communication:		
Judgment/Decision Making:		
Quality and Quantity of Work:		
• Other:		
Special Commendations (including recognition of professional activities such as campus or District committee work, extra assignments, involvement with relevant community or state organizations, or professional development activities)		
Recommendations of Growth and Development		
(may also include recommendation for completion of a professional development plan)		

Manager Evaluation	
Name:	Page 3
General Comments / Overall Effectiveness	
Managaria Bassanas	
Manager's Response (When applicable, reflects the manager's concerns about	t the evaluation)
(Note: The manager's signature does not signify agreen verify receipt of the evaluation.)	nent with the evaluation but does
Manager's Signature:	Date:
Evaluator's Signature:	Date: