

Effective performance goals are SMART as follows:

<u>S</u>pecific	Clear and concise statement of what will be accomplished
<u>M</u>easurable	Observable statement of what will be different once the objective is achieved; clear standard of measurement or outcome
<u>A</u>ttainable	Realistic, feasible in terms of time, cost and the degree of challenge
<u>R</u>elevant	Alignment with district, college, division or department objectives, and contributing to organizational success
<u>T</u>ime- <u>D</u>efined	Completion date, milestone or cycle time

Annual Goal Setting Form

Step 1A of Manager Evaluation Process



Manager Information				Goal Type/Symbol	
Manager Name:		Date:		Department/Division = D Master Plan = MP Personal Goal = P (P is rating optional) Responsibility = R	
Job Title:					
Department/Division:					
Evaluator:					
Goals (4-8 Goals for discussion and approval)	Goal Type	Timeline	Progress Notes	Completion Yes/No or %	
1. Required for all managers: Completion of staff and manager evaluations in the required timeframe	R				
2.					
3.					
4.					

Annual Goal Setting Form

Step 1A of Evaluation Process

Page 2

Manager Name:

Goals	Goal Type	Timeline	Progress Notes	Completion Yes/No or %
5.				
6.				
7.				
8.				

MANAGER SIGNATURE	EVALUATOR SIGNATURE
Name:	Name:
Date:	Date:

Manager Self Evaluation

Step 2 of Evaluation Process



Employee Information

Manager Name:	Employee ID:
Job Title:	Date:
Department:	
Evaluator:	
Review Period:	to

Goals

General overview of department and personal progress (including meeting the needs of the department while participating on committees and/or outside organizations):

Goals accomplished:

Goals in progress:

Special achievements:

Behavioral Survey Results

Challenges and Opportunities

Areas for improvement:


Support needed to achieve desired results:

Comments

Additional Comments:

Signature:

Date:

Manager Evaluation – Step 3 (To be completed by the evaluator)	
Manager's Name:	Evaluation period:
Manager's Title:	
Evaluator's Name:	Department/Division:
Evaluator's Title:	
Achievement of Goals <i>(degree of success in completing annual objectives, taking into consideration the degree of difficulty inherent in each of the objectives)</i>	
Behavioral Survey Feedback <i>(summary focuses on work behaviors, areas of perceived concern, and areas of perceived effectiveness)</i>	

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	
Manager's Response <i>(When applicable, reflects the manager's concerns about the evaluation)</i>	

(Note: The manager's signature does not signify agreement with the evaluation but does verify receipt of the evaluation.)

Manager's Signature:

Date:

Evaluator's Signature:

Date: