Our 40th anniversary year in 200_ was one to remember for our college district. There is so much of which we can be proud. And, while the lists of accomplishments are long, none of it would have occurred if it were not for your efforts. The quality you demonstrate and your commitment continue to astound others and position our district in the best light possible. As a member of my executive administrative team, you have demonstrated perspective, ingenuity, collaboration, flexibility, and a sense of urgency when needed!

In these ever-changing times in which we find ourselves, I know it has been challenging for you. I recognize that:

- You work creatively and diligently to continue to do what is best for our college and community;
- You continue to move forward; and
- You make many differences in the lives of others.

At the same time, your approach is refreshing, and your sense of humor adds perspective not commonly found in people working in government bureaucracies!
I value you and your efforts. At a critical time in the development of our college, you are making more of a difference than you know in keeping us moving and being courageous and confident about our future despite ever-changing variables.

It takes a special set of personal and professional characteristics to remain creative, to stay focused on what is ahead, and to be determined to achieve tangible outcomes. You do all of that and more while adding the perspective and leadership as only you can. Your experience is an asset to COC and helps to make us strong in the face of challenges that would stop others from trying new things and moving forward.

I do appreciate what you do and who you are as a professional. You make a big difference at COC. I want to recognize what you’re doing as well as use your thoughts and input to continue to move COC forward.

To that end, as you complete your self-evaluation, please specify the following:

- The degree to which you have pursued or completed your 200_-_ objectives;
- Highlights of your development as a professional—what you learned to do over the past year;
- A brief summary of your activities related to community and civic participation, recognition you received, and leadership you provided at local, state, and national levels;
- Descriptions of the roles you have played in college-wide committees;
- The responsibilities you assumed that were unique, added, or varied from the stated scope of your position as it was last modified;
- What you believe are your most noteworthy major accomplishments;
- Who you have mentored and helped to become better leaders;
- Any new programs/initiatives you have led; and
- The departments in which you initiated cross-department initiatives or partnerships not in your area of direct supervision.

As an essential component of this process, please provide an overview of the areas you supervise, including:

- An assessment of the staff members you supervise (where any of them may need special help or assistance);
- A summary of changes made to staff members’ responsibilities and the ways they work together;
- Your input as to the overall coordination and workability of the departments you supervise and anything that needs attention; and
- Priorities for organizational changes to the areas you supervise.
As we move forward into 20__ - __, I am confident we will continue to do so with an entrepreneurial spirit; with an eye to what we can do to help those around us; with a serious commitment to work with others to move forward with energy and courage; and with a resolve not to lose ground.

So that we are positioned the best to do this and more, please address the support you need from the district. Please be specific about:

- Any assistance you need from me;
- Anything you are having challenges with that we need to look at together;
- A list of priorities you have planned to pursue in 20__ - __;
- How you think your role at COC will continue to change;
- How you plan to expand your involvement in representing the college in the community—by extending your focus and time beyond the internal boundaries of COC; and
- Your proposals to redefine, reorganize, and refocus the areas under your scope of responsibility.

I thank you in advance for preparing and submitting your self-evaluation by September 10. Please work with my office to schedule an appointment between September 13 and September 17 for us to discuss your evaluation.

At the time of our meeting, please be prepared to discuss your written evaluations of your managers with me. Utilize the attached Management Evaluation Meeting Summary form prepared ahead of your meeting. As a side note, please have your managers use this form when meeting with the managers reporting to them. Please submit copies of each of their self-evaluations to me following our meeting. This is a crucial part of the evaluation process, and your evaluation of them will ensure the Human Resources Department has the proper documentation in place for each of our managers.

I thank you for your leadership, for your commitment to innovate while maintaining high standards, for your sincere efforts to develop the capability of the members of your staff, and for always maintaining a level head. Your personal support and commitment makes all the difference and helps to fuel our college’s progress, outcomes and future.
Management Evaluation Meeting Summary

Manager Name: 
Manager Title: 
Manager Department: 
Evaluation period from: ___________ to: _____________

<table>
<thead>
<tr>
<th>List the goals you had previously set for 20__ - ___ in your last evaluation.</th>
<th>Accomplishments achieved in 20__-___ (Please include the completion of goals you set in your last evaluation and any additional accomplishments).</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
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<tr>
<td>4.</td>
<td>4.</td>
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<tr>
<td>5.</td>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
<td>6.</td>
</tr>
</tbody>
</table>

**Overall Assessment of Employee Performance:**

**Overall Assessment of Department Functioning (cite any changes needed, if applicable):**
Areas for Employee improvement, if applicable:

<table>
<thead>
<tr>
<th>Professional Development Needs/Recommendations:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Goals for 20__-__:

1. 
2. 
3. 
4. 

Meeting date: _________________________

Evaluatee Signature: _______________________________

Evaluator Signature: _______________________________

Executive Cabinet Member Signature: _______________________________

Please attach a copy of the evaluatee’s self evaluation to this completed and signed document and forward to Donna Voogt, Human Resources Director. This complete evaluation packet will be placed in the employee’s personnel file.
## Classified Staff Performance Evaluation Form

### Santa Clarita Community College District

#### Classified Employee Evaluation

**Name:** ________________________________  **Date:** _________________________

**Job Title:** ________________________________  **Evaluation Type:** ________________

**Dept:** ________________________________  **Evaluation Period:** 

**From:** __________  **To:** __________

**Factor** | **Exceeds** | **Meets** | **Needs** | **Unsatisfactory** | **N/A**
--- | --- | --- | --- | --- | ---
1 **QUALITY OF WORK** |  |  |  |  |  |
- Accuracy, neatness, thoroughness  |  |  |  |  |  |
- Oral or written expression  |  |  |  |  |  |
2 **WORK KNOWLEDGE** |  |  |  |  |  |
- Appropriate skill level  |  |  |  |  |  |
- Information/Training used on the job  |  |  |  |  |  |
3 **QUANTITY OF WORK** |  |  |  |  |  |
- Amount  |  |  |  |  |  |
- Timely completion of work/efficiency  |  |  |  |  |  |
- Multi-tasking  |  |  |  |  |  |
4 **WORK HABITS** |  |  |  |  |  |
- Attendance, observance of work hours  |  |  |  |  |  |
- Observance of safety rules & regulations  |  |  |  |  |  |
- Compliance with work instructions  |  |  |  |  |  |
- Informs supervisor of work status  |  |  |  |  |  |
- Organizational skills  |  |  |  |  |  |
- Adherence to district policy (i.e. Laws, safety regulations, board policy and admin. procedures, etc.)  |  |  |  |  |  |
5 **PERSONAL RELATIONS** |  |  |  |  |  |
- Working with others in a professional manner  |  |  |  |  |  |
- Meeting and handling the public  |  |  |  |  |  |
- Personal appearance  |  |  |  |  |  |
- Helpfulness, cooperation, good communication skills  |  |  |  |  |  |
6 **INITIATIVE** |  |  |  |  |  |
- Performance in new situations or with new work methods  |  |  |  |  |  |
- Performance with minimal instruction/supervision  |  |  |  |  |  |
7 **SUPERVISORY ABILITY (Coordinating/Lead Personnel Only)** |  |  |  |  |  |
- Planning and assigning  |  |  |  |  |  |
- Training and instructing  |  |  |  |  |  |
- Fairness and impartiality  |  |  |  |  |  |

Send original to Human Resources Department. Make one copy for employee.

**rev:** 10/2005
Complete all of the following sections

Use comments to describe employee’s strengths, weaknesses, and accomplishments beyond the standard work requirements. Ratings of *Unsatisfactory* or *Needs to Improve* must be substantiated by comments and a written plan for improvement. Number each comment to pertain to the appropriate area (factor) of evaluation rating, if applicable.

Manager’s Comments:

New job related skills or examples of superior performance since last evaluation.

Specific areas of improvement needed.

Recommendations for development activities (training, education, skill upgrading).

Overall Performance Rating: _________________________________________________________

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement with the ratings and that I have the right to attach to this report my comments, which I will submit within ten days. Both evaluation and comments will be placed in my personnel file.

Employee’s Signature: ________________________________ Date: ____________________________

Manager's Signature: ________________________________ Date: ____________________________

Date Reviewed by Manager and Employee: ________________________________

Administrator’s Signature: ________________________________ Date: ____________________________
This evaluation form has 2 sections:

1. **Performance Appraisal:** This is to be completed before the appraisal interview.

2. **Performance expectations for the next appraisal period.** To be completed by you and your employee together, at the end of the appraisal process.

## PART I -- PERFORMANCE APPRAISAL FORM

Using the charts that follow, rate your employee’s performance during the last appraisal period. In the column next to each skill, assess your employee as: *“E”* for Excellent; *“S”* for Satisfactory; *“N”* for Needs Improvement. **Specific examples of your employee’s actions/activities are required to document any “Needs Improvement” notations.** All “Needs Improvement” ratings must have an accompanying action plan (see Part II) for helping your employees reach and maintain “Satisfactory” level within a reasonable period of time.

This portion of the review must be completed prior to the appraisal interview. If you have any questions, check with Human Resources.

<table>
<thead>
<tr>
<th>I. Technical Competence</th>
<th>Rating</th>
<th>Comments – Required for Needs Improvement ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Job Knowledge - understands job and how it impacts flow; updates skills &amp; knowledge.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Creativity/Resourcefulness – effectively develops and uses resources; willing to explore new ideas.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Initiative/Job Versatility - Anticipates problems; adapts job knowledge and skills; works effectively outside primary area of responsibility.</td>
<td></td>
<td></td>
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<tr>
<td>d) Quality - checks work; minimizes errors; strives to meet or exceed quality expectations.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Interpersonal/Communications</th>
<th>Rating</th>
<th>Comments – Required for Needs Improvement ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Internal Communications - relates well within dept.; communicates freely about tasks; requests assistance when needed; gives assistance when asked.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) External Communication - relates well with customers, vendors, or other outside contacts; gives/receives information effectively.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Teamwork – works well with team; brings harmony to team efforts; supports team decisions and follows through.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>III. Personal Productivity</td>
<td>Rating</td>
<td>Comments – Required for Needs Improvement ratings</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>a) Planning/Organization</td>
<td></td>
<td>plans personal strategies for meeting job commitments and follows through; organizes resources to accomplish assigned tasks.</td>
</tr>
<tr>
<td>b) Decision Making</td>
<td></td>
<td>makes decisions appropriate to the level of responsibilities/authority; follows up on decisions.</td>
</tr>
<tr>
<td>c) Flexibility</td>
<td></td>
<td>easily adjusts to meet demands of situation/circumstances; willingly adapts to changing priorities.</td>
</tr>
<tr>
<td>d) Time Management</td>
<td></td>
<td>able to manage multiple priorities effectively; uses available time wisely.</td>
</tr>
<tr>
<td>e) Professionalism</td>
<td></td>
<td>open to suggestion and challenge; uses strengths wisely; treats others with respect.</td>
</tr>
</tbody>
</table>
Plan for “Needs Improvement” Ratings

Each “Needs Improvement” notation (from page 1 & 2) requires an action plan to help your employee obtain improved performance in the below specific areas:

<table>
<thead>
<tr>
<th>Item #</th>
<th>Goal</th>
<th>Action Required</th>
<th>Review Period</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Signatures Required:
1) Employee __________________________   2) 1st Level - Manager __________________________
3) 2nd Level - Manager/or VP ______________  4) Human Resources __________________________

PART II -- SETTING PERFORMANCE EXPECTATIONS FOR NEXT REVIEW PERIOD

Before this review is brought to Human Resource, you and your employee should develop a set of expectations, against which the employee’s performance can be measured. Be as specific as possible. This plan should include training, as well as performance issues. At the next review, progress on these expectations will be a measure of performance.

Performance Expectations

<table>
<thead>
<tr>
<th>Area/Task</th>
<th>Specific Action Agreed Upon</th>
<th>Completion Date</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>
Overall Rating *(Please circle one)*

- Excellent
- Satisfactory
- Needs Improvement

Employee Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If the Confidential Employee is eligible for an *Excellence in Performance Merit Increase* or a *Performance and Experience Merit Increase*, indicate amount of increase recommended by supervisor (no less than 2.5%): ___________________ (Please refer to Confidential Employees Merit Pay document for details).

Signatures & Date Required:

I certify that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement with the ratings and that I have the right to attach to this report my comments which I will submit within ten working days. Both evaluation and comments will be placed in my personnel file.

1) Employee ___________________________ Date: ______________

2) Evaluator ___________________________ Date: ______________

3) Administrator _________________________ Date: ______________