



MARTIN COMMUNITY COLLEGE
DIVISION CHAIR/DIRECTOR - NURSING & EQUINE
(SUPERVISOR) EVALUATION

Name:	Review Period (year):
Job Title:	Date:
Division:	Supervisor:

Rating: A = Exceed Expectations B = Meets Expectations C = Partially Meets Expectations D = Does Not Meet Expectations E = Not Applicable

I. Planning and Organization Rating

1. Establishes clear department goals and objectives.	
2. Establishes a plan to achieve goals and objectives.	
3. Monitors departmental progress in achieving goals and objectives.	
4. Meets deadlines promptly.	

II. Budgeting Rating

5. Establishes sound department budgets.	
6. Monitors budgets.	

III. Personnel Rating

7. Involves department faculty in decisions.	
8. Handles personnel matters effectively.	
9. Maintains good working relationships with other divisions in the college.	
10. Evaluates faculty.	
11. Encourages department commitment to institutional goals and objectives.	
12. Hires qualified part-time faculty in a timely manner.	
13. Participates in selection of full-time faculty.	

IV. Academic Leadership Rating

14. Encourages and supports academic excellence.	
15. Stay abreast of changes in program standards, accreditation, transferability, etc.	
16. Participates in curriculum development activities.	
17. Seeks the support of the advisory committees.	

V. Professional Development Rating

18. Encourages faculty to participate in staff development activities.	
19. Participates in staff development activities.	

Employee Strengths:

Employee Performance Appraisal Checklist:

My supervisor reviewed and discussed my job description with me.	
My supervisor and I established possible individual performance objectives for me for the next review period.	
My supervisor reviewed and discussed the competencies listed above that are critical to the function of my position.	
My supervisor allowed me to make comments on my appraisal.	
I understand that I should keep a copy of the completed and signed appraisal form for my records.	
I understand that my supervisor will forward the original completed and signed appraisal form through supervisory channels to the Human Resources office for filing.	

Supervisor's Comments:

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Overall Rating of Employee:

Exceeds Expectations

Meets Expectations

Partially Meets Expectations

Does Not Meet Expectations

Employee's Comments:

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Verification of Review:

My signature below indicates that I have reviewed this document and discussed the comments with my supervisor. It does not necessarily indicate agreement with the evaluation contained in this document and I know that I may provide written comments that will be included in my personal file.

Employee Signature	Date
Supervisor Signature	Date