

LAFAYETTE PARISH SCHOOL BOARD  
CENTRAL OFFICE ADMINISTRATIVE/TECHNICAL STAFF  
OBSERVATION/EVALUATION/SELF-EVALUATION FORM

Evaluatee's Name \_\_\_\_\_ Position \_\_\_\_\_

Evaluator's Name \_\_\_\_\_ Date \_\_\_\_\_

Use one of the following codes in each blank below:

[SP (Successful Performance), NI (Needs Improvement, UP (Unsatisfactory Performance), NR (Not Rated)]

A summary of Commendations/Recommendations must be written under the comments sections. A narrative explanation of each (NI) or (UP) rating must be written under the comments section.

I. Administrative

- \_\_\_ A. Demonstrates organizational skills and effective planning.
- \_\_\_ B. Exercises skill in effectively implementing processes and programs developed by the school system.
- \_\_\_ C. Demonstrates self-direction in developing and implementing constructive ideas in keeping with the goals of the school system.
- \_\_\_ D. Manages department budgeting process and expenditures efficiently.
- \_\_\_ E. Understands and utilizes the observation and evaluation process and procedures with subordinates.
- \_\_\_ F. Carries out assigned duties in an effective and timely manner.

II. Leadership

- \_\_\_ A. Utilizes skill in the use of conflict management/resolution.
- \_\_\_ B. Discusses evaluations and provides constructive suggestions for improvement of staff and programs with appropriate persons only.
- \_\_\_ C. Exercises good professional judgment.
- \_\_\_ D. Deals with difficult situations in a calm and effective manner.
- \_\_\_ E. Communicates effectively.

III. Human Relations

- \_\_\_ A. Works with department/section staff, school board members, other school employees, parents and the community in a positive, professional manner.
- \_\_\_ B. Understands the need for, and practices, confidentiality.

IV. Professional Growth Plans

- \_\_\_ A. Collaboratively developed a Professional Growth Plan(s).
- \_\_\_ B. Effectively implements procedures to attain objective in the Professional Growth Plan.

Comments by Evaluator: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Commendations/Recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall Evaluation (check one): \_\_\_Successful Performance \_\_\_Needs Improvement \_\_\_Unsatisfactory Performance

An analysis of this evaluation indicates an intensive assistance plan is needed? \_\_\_yes \_\_\_no

Signature of Evaluator: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Comments by Evaluatee: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and discussed the content of this observation/evaluation form. My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form.

Self-evaluation to be placed in official file: \_\_\_yes \_\_\_no

Signature of Evaluatee \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

If Self-Evaluation, initial of Principal/Supervisor/Evaluator denotes receipt of Self Evaluation \_\_\_\_\_ Date \_\_\_\_\_