## YOSEMITE COMMUNITY COLLEGE DISTRICT, LEADERSHIP TEAM

# EVALUATION SURVEY FORM (EVERY FOURTH YEAR)

Survey Participant
Name and Title: _____

You have been selected to participate in the performance evaluation of : _____

*(Evaluatee's Name and Title)*

In addition to the checked responses, please feel free to make comments. Attached is the job description for this Evaluatee. *If "Below Expectations" is marked, please elaborate. Negative unsubstantiated comments not related to pertinent job duties will not to be placed into the Leadership Team Member's personnel file.

**Job Function**

1. Please describe the nature of your interaction with this Leadership Team Member and rate the effectiveness of your interactions.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Below Expectations*

Comment:

**Leadership**

2. Please rate this Leadership Team Member's effectiveness as a leader.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Below Expectations*

Comment:

**Communication**

3. Please rate this Leadership Team Member's written and verbal communication skills in matters related to your program's/department needs.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Below Expectations*

Comment:

**Relationships**

4. Please rate this Leadership Team Member's ability to develop and maintain positive relationships.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Below Expectations*

Comment:

4a. If applicable, please rate this Leadership Team Member's interactions with the public.

☐ Exceeds Expectations ☐ Meets Expectations ☐ Below Expectations*

Comment:

Other Comments:

Please return completed form to: _____

Due Date: _____