**WESTMONT COLLEGE**

**STAFF EVALUATION**

2020 - 2021

**STAFF MEMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIAL**

**(When completed)**

**EMPLOYEE:** Click here to enter text. **EVALUATION DATE:** Click here to enter text.

**TITLE:** Click here to enter text.

**DEPARTMENT:** Click here to enter text.

**SUPERVISOR:** Click here to enter text.

**TITLE:** Click here to enter text.

**RATING SCALE:**

1 = **Exceeds Expectations –** Performance consistently exceeded expectations in all essential areas of responsibility and quality of work overall was excellent. Performance goals were exceeded.

2 = **Meets Expectations** – Performanceconsistently met expectations in all essential areas of responsibility and quality of work overall was very good. The most critical goals were achieved.

3 = **Needs Development –** Performance did not consistently meet expectations. One or more of the most critical goals were not met. *A performance improvement plan (PIP) including timelines must be outlined, and monitored to measure progress and attached to this assessment.*

4 = **Unacceptable–** Performance consistently did not meet expectations*. A performance improvement plan (PIP) including timelines must be outlined and monitored to measure progress and attached to this assessment*

The Evaluation is a communication tool designed to support each individual’s contribution to the College. The evaluation provides a way to measure goals and skills and to recognize contributions and accomplishments with reasonable accuracy and uniformity. It will help identify areas for professional growth and achievement**. It should not, however, be considered the supervisor’s only communication tool.** Open communication throughout the year helps to make effective working relationships.

It is important to align goals, initiatives and strategies with the mission and values of Westmont College

**The Mission**

Westmont College is an undergraduate, residential, Christian, liberal arts community serving God's kingdom by cultivating thoughtful scholars, grateful servants and faithful leaders for global engagement with the academy, church and world.

**The College’s Values**

Nurturing a culture of integrity, care and respect.

Alignment with the Strategic Plan and map:[**StrategicMap2017-2020**](https://www.westmont.edu/_offices/provost/documents/StrategicMap2017-2020.pdf)

**SECTION II – COMPETENCIES**

**POSITION EXPERTISE*–*** *Possesses adequate knowledge, skills, and experience to perform the duties of the job; understands the purpose of the department and how this position contributed to the overall mission of the college; maintains competency in essential areas.*

**Rating:** Choose an item.  
  
**Evaluator Comments:** Click here to enter text.

**WORK HABITS–** *Openly supports change; motivates and encourages fellow employees to support change; responds positively to unusual circumstances, shifting and multiple priorities.* *Demonstrates dependability, accountability, and appropriate time management on projects and with attendance. Successfully prioritizes, plans, and organizes*

**Rating:** Choose an item.  
  
**Evaluator Comments:** Click here to enter text.

**INTERPERSONAL RELATIONSHIPS** *– Establishes and maintains effective, cordial and harmonious working relationships; is collborative, communicative and objective in behavior toward others; effectivvely works to resolve conflicts.*

**Rating:** Choose an item.  
  
**Evaluator Comments:** Click here to enter text.

**SECTION IV – ADDITIONAL COMMENTS**

**Additional Supervisor Comments**

Click here to enter text.

**Employee Comments:**

Click here to enter text.

Is a performance improvement plan (PIP) generated as a result of this appraisal?  Yes  No

*If so, please attach and ensure that the it pertains to the specific competency(s) and/or expectations(s) for which a “Needs Development or Does Not Meet Expectation” rating was given.*

SUPERVISOR:

|  |  |
| --- | --- |
| This report constitutes an accurate evaluation using my best judgment of the service performed by this employee for the period covered | |
| Signature of Evaluator | Date |

SUPERVISOR’S SUPERIOR OR VP:

|  |  |
| --- | --- |
|  | Date |

EMPLOYEE:

|  |  |
| --- | --- |
| I have had an opportunity to review this report and have received a copy. I understand that my signature does not necessarily mean I agree with the contents of this evaluation. | |
| Signature of Employee | Date |