

MIRACOSTA COMMUNITY COLLEGE DISTRICT
Classified Administrator Evaluation Form

Administrator: _____

Position: _____

Supervisor: _____

Rating Key:

5	4	3	2	1
Excellent	Very Good	Satisfactory	Needs Improvement	Poor

	5	4	3	2	1
I. Leadership Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II. Human Relations Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III. Communication Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV. Personal Qualities Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V. Other Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI. Overall Rating Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: The overall rating is not necessarily an average or composite of the five subsections. The comments should include commendations and recommendations with specific suggestions. Attach extra pages as needed.

- ☐ I have seen this report and agree with the conclusions of the supervisor.
- ☐ I do not agree with the conclusions of the supervisor (administrator may attach a statement to the evaluation form).

Administrator's Signature

Date

Supervisor's Signature

Date

To be completed by Supervisor and signed
by Administrator, Supervisor, VP, and Superintendent/President

Vice President's Signature

Date

Superintendent/President's Signature

Date