

**Director  
Evaluation Form**  
(Due April 15)

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| Name: | Evaluator: |
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| Leadership |
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Administration and Management

School Finance

Professional Preparation and Scholarship

Personal Interactions

Evaluation of Staff

Goal/Work Plan Achievement

**Other**

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

(Your signature does not imply agreement with this evaluation, but only that you have read it and have had an opportunity to discuss it with the evaluator.)