Ritenour School District
Educational Excellence Since 1867

Administrative Center Professional Staff Summative Evaluation

Name:	***Department:***	
Position/Title:	***Supervisor:***	
Start Date:	***Mid-Year Review Date:***	***Summative Performance Review Date:***

Goals/Areas of Opportunities *(Assess the employee's performance based on major objectives and responsibilities for his/her position.)*

	List agreed-upon goals in order of importance	Accomplished	In Progress	Not Initiated
I.				
II.				
III.				
IV.				
V.				

Part II. EMPLOYEE'S COMMENTS - JOB PERFORMANCE ASSESSMENT

PART III. SUPERVISOR FEEDBACK

PART IV. AREAS OF OPPORTUNITY/PROPOSED GOALS

PART V. SIGNATURES

Employee's Signature: **Date:**

Supervisor Signature: **Date:**