

# NWABSD PARENT (PUBLIC) & TEACHER EVALUATION OF ADMINISTRATORS

Administrator: \_\_\_\_\_ Site: \_\_\_\_\_

**Please place a check mark in the appropriate column**

- Have you met this administrator? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you worked with this administrator on a committee, project, or activity? If so what? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you observed this administrator working with his/her staff? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you observed this administrator in a community setting? Yes \_\_\_\_\_ No \_\_\_\_\_

	Disagree <b>1</b>	Somewhat Disagree <b>2</b>	Neutral <b>3</b>	Somewhat Agree <b>4</b>	Agree <b>5</b>
1. Follows through on goals and commitments.	___	___	___	___	___
2. Stresses academic excellence	___	___	___	___	___
3. Is concerned about student success.	___	___	___	___	___
4. Maintains a safe and positive educational environment.	___	___	___	___	___
5. Interacts with people in a positive friendly way.	___	___	___	___	___
6. Is a positive role model.	___	___	___	___	___
7. Has a productive professional relationship with parents.	___	___	___	___	___
8. Utilizes community and regional resources.	___	___	___	___	___
9. Respects the local culture and customs.	___	___	___	___	___
10. Works effectively with the appropriate Board.	___	___	___	___	___
11. Is consistent in administering appropriate discipline.	___	___	___	___	___
12. Interprets assessment information clearly.	___	___	___	___	___
13. Acts responsibly when addressing ethical issues.	___	___	___	___	___
14. Enlists public participation and support for school programs.	___	___	___	___	___
15. Facilities are clean and safe.	___	___	___	___	___
16. The staff seems to function professionally, with enthusiasm and as a team.	___	___	___	___	___
17. Monthly ASC meetings are scheduled.	___	___	___	___	___
18. A system of parent communication is in place.	___	___	___	___	___

**Please provide any additional comments you wish to make on the performance of this administrator. (You may attach an addition sheet if you run out of space.) Return to administrator or HR director.**

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(Optional): Your name \_\_\_\_\_ Date \_\_\_\_\_ Phone Number \_\_\_\_\_