

# LAMAR INSTITUTE OF TECHNOLOGY

A Member of The Texas State University System

#### LEADERSHIP PERFORMANCE EVALUATION

LIT requires an evaluation to be completed of every full-time, regular employee at six (6) months and at least annually thereafter. A self-evaluation may also be used to accompany this process. Supervisors and employees should collaborate regarding goal setting. Upon employee and supervisor completion, evaluations must be routed to the next-level supervisor for review and signature. Once fully executed, evaluations must be submitted to HR for final review and filing.

Empl	oyee Name:	Employee #:
_		Job Title:
		Evaluator:
	FORMANCE OBJECTIVE de a narrative regarding the pe	S erformance achievement in each of the following leadership objectives.
I.		sional manner. Possesses and uses skills and information required for when needed. Knows clearly the functions of his/her department and
II.	avoid constant deadline cri-	en necessary and unnecessary activities. Effectively plans work to ses. Works effectively and efficiently under general supervision where one are provided. Takes initiative when appropriate.

III.	Collaboration and Teamwork  Promotes cooperation, collaboration and flexibility in working with others. Gets along well with other leaders/departments; strives to maintain a positive work atmosphere. Demonstrates the ability to adapt to change. Works cooperatively with supervisor(s) to accomplish tasks and is willing to accept advice and follow directions.		
IV.	Planning and Organization  How effective is the leader in setting effective goals, planning ahead and establishing priorities?  Consider ability to make the most effective use of time, facilities, material, equipment, employee skills and other resources. Examine ability to prepare and administer budget effectively.		
V.	Communication Skills  To what extent does the leader demonstrate ability to communicate effectively in both oral and written expression with employees and his/her supervisor? Are issues confronted and resolved constructively? Consider ability to help employees with their work problems; ability to keep employees informed of decisions and plans for own office as well as policies and procedures of the College.		

VI.	Leadership Ability Is the leader able to get employees and co-workers to do willingly and well the duties needed to be accomplished? Consider their ability to get the work done being sensitive to the morale and satisfaction on the part of those doing the work; the ability to function consistently and effectively in an objective and rational manner regardless of pressures.
VII.	Other (if needed)
	RALL PERFORMANCE RATING*:elow for definition.

#### PERFORMANCE RATINGS

# • Exceeds Expectations

At this level, the Leader displays exceptional overall performance, routinely went beyond what was expected, and surpassed all of their key performance expectations/goals in what they accomplished and how they achieved results.

### • Meets Expectations

At this level, the Leader is successful in meeting or making significant progress toward all of the performance expectations/goals that were important to their job in what they accomplished and how they achieved results.

#### • Improvement Needed

At this level, the Leader was not consistent in meeting performance expectations/goals that are important to their job in what they accomplished and how they achieved results.

## **GOALS**

To complete this section, enter the leader's previously set goals, evaluate\*\* their performance relative to the goal, and include any pertinent notes or follow-up actions, if needed.

\*\*Evaluation ratings are: Achieved or Not Achieved.

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1. TTCVIOUS GOAIS		
Goal	Evaluation	Notes/Follow-Up
II. Upcoming Goals		
Goal #1		
Describe the Goal:		
How will the goal be evaluated?		
Due date of Goal:		
Goal #2		
Describe the Goal:		
Describe the Goal.		
How will the goal be evaluated?		
Due date of Goal:		
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Goal #3  Describe the Goal:		
Describe the Goal:		
How will the goal be evaluated?		
Due date of Goal:		

# **COMMENTS AND SIGNATURES**

Employee Comments	
Employee Signature:	Date:
Supervisor Comments	
Super viser Comments	
Supervisor Signature:	Date:
Reviewed by: (next-level supervisor)	
Signature:	Date:
Title:	
(Signature of other reviewers, as needed)	
Signature:	Date:
Title:	