

**BOGALUSA CITY SCHOOL SYSTEM
CENTRAL OFFICE ADMINISTRATOR FORMAL EVALUATION FORM**

Administrator's Name/Title/Position _____ Evaluator's Name _____
 Evaluation Date _____ Summative Conference Date _____ Years In Position ____ 4+ ____ 0-3
 Begin/End Time _____/_____

Please place a check mark (√) in the appropriate scoring column for each graded criteria.

I. MANAGEMENT	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Follows the directives of the Superintendent for assigned duties						
2. Participates in meetings of central office and school staffs						
3. Plans well and implements plans						
4. Organizes well						
5. Maintains accurate records in a confidential manner						
6. Prepares and submits records and reports on time						
7. Assigns responsibilities fairly and impartially						
8. Implements School board policies						
9. Develops and implements budgets within area of responsibility						
TOTALS						

Comments: _____

Areas of Strength: _____

 Areas to Address: _____

II. PERSONNEL	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Assists in acquiring qualified candidates for employment						
2. Supervises members of the staff under his/her area of responsibility						
3. Implements school system plan for personnel evaluations						
4. Serves as resource person to staff						
TOTALS						

Comments: _____

Areas of Strength: _____

 Areas to Address: _____

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III. PROFESSIONAL GROWTH AND ETHICS	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Participates in professional organizations						
2. Participates in District and State meetings and workshops						
3. Provides for and participates in local in-service programs						
4. Knows and abides by chain of command						
TOTALS						

Comments: _____ Areas of Strength: _____

_____ Areas to Address: _____

IV. INSTRUCTION	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Evaluates instructional programs.						
2. Makes recommendations for improving and/or strengthening instructional programs						
3. Disseminates professional information and materials to staff in his/her area of responsibility						
4. Utilizes the Louisiana Components of Effective Teaching						
TOTALS						

Comments: _____ Areas of Strength: _____

_____ Areas to Address: _____

V. PUBLIC RELATIONS	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Interprets school to community						
2. Fosters parent-school relations						
3. Involved in community activities						
TOTALS						

Comments: _____ Areas of Strength: _____

_____ Areas to Address: _____

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VI. EVALUATION NARRATIVE

VII. PROFESSIONAL GROWTH PLAN COMMENTARY

VIII. SELF EVALUATION

A self evaluation has been completed _____ YES _____ NO (The self evaluation is kept on file by the individual)

VII. INTENSIVE ASSISTANCE

The administrator will be placed on Intensive Assistance _____ YES _____ NO

VIII. TOTAL EVALUATION RATING: _____ EXCEEDS _____ NEEDS IMPROVEMENT
_____ PROFICIENT _____ UNSATISFACTORY
_____ SATISFACTORY

IX. POST EVALUATION CONFERENCE

My signature does not reflect any agreement or disagreement with the results of this evaluation. Rather it is an assurance that I have had the opportunity to read and discuss the evaluation.

My evaluator has given me a copy of this Evaluation Summary report and has completed the Summative Conference within fifteen (15) school days since the evaluation. *The date on this page must match the Summative Date on page one.*

Signature of Evaluator _____

Date _____

Signature of Administrator _____

Date _____

