

MIAMI TOWNSHIP
PERFORMANCE EVALUATION REPORT
FOR SENIOR MANAGEMENT EMPLOYEES

EMPLOYEE NAME: _____

DEPARTMENT: _____

POSITION: _____

DATE: _____

SECTION 1: EVALUATION OF PERFORMANCE RESULTS

	SUPERIOR	SATIS- FACTORY	NEEDS WORK	DEFICIENT
OVERALL COORDINATION OF PROGRAMS AND PROJECTS				
PROJECT COMPLETION				
BUDGET DEVELOPMENT				
FISCAL MANAGEMENT				
PERSONNEL MANAGEMENT				
COMMUNICATION w/SUPERVISORS				
COMMUNICATIONS w/RESIDENTS				
PROFESSIONAL DEVELOPMENT				
MEDIA RELATIONS				
SUPERVISORY ABILITY				
ORGANIZATIONAL GOAL SETTING				

SECTION 2: EVALUATION OF MANAGERIAL QUALITIES

	SUPERIOR	SATIS- FACTORY	NEEDS WORK	DEFICIENT
ORGANIZATION/PLANNING				
QUALITY OF DECISIONS				
CREATIVITY				
WRITTEN COMMUNICATIONS				
DECISIVENESS				
TECHNOLOGY SKILLS				
ABILITY TO DELEGATE				
LEADERSHIP				
FLEXIBILITY				
ORAL COMMUNICATIONS				
CONFLICT RESOLUTION				
STRESS MANAGEMENT				
WORK STANDARDS				
ENERGY LEVEL				

SECTION 3: OVERALL REVIEW

	SUPERIOR	SATISFACTORY	NEEDS WORK	DEFICIENT
	(75-100)	(51-74)	(26-50)	(0-25)
Overall Performance				

SUPERIOR		X	4	=	
SATISFACTORY		X	3	=	
NEEDS WORK		X	2	=	
DEFICIENT		X	1	=	
(TOTAL)					

MAXIMUM SCORE = 100

SECTION 4: OVERALL COMMENTS (e.g. strengths, areas for improvement, goals for next

evaluation, progress from previous identified areas for improvement).

<i>I certify this report represents my best judgment of this employee's performance.</i>	
_____	_____
Evaluator's Signature	Date

SECTION 5: EMPLOYEE COMMENTS

<i>I certify that this report has been discussed with me. I understand my signature does not necessarily indicate agreement with this evaluation.</i>	
_____	_____
Employee Signature	Date

SECTION 6: DEPARTMENT HEAD/ADMINISTRATOR REVIEW

I have reviewed this report and concur the evaluator's performance review.

Department Head or
Administrator (as applicable)

Date