

NORTHWESTERN STATE UNIVERSITY
UNCLASSIFIED STAFF EVALUATION RATING FORM

Date: _____

Name of Employee _____ Position _____ Evaluator _____

DIRECTIONS: Rate the named employee on each of the items. Circle the number which best represents the employee's performance on each criterion.

If the criterion does not apply or there is insufficient information available to make a judgment, please mark "0". An attachment should accompany this form with an explanation of any "0" or "1" rating given to a particular item.

RATING SCALE:

- 0 *Not Applicable:* does not apply or there is insufficient information available to evaluate.
- 1 *Performance is unacceptable:* consistently performs assigned task at the minimally accepted standards required for the position. Improvement in performance is necessary for continuation of employment.
- 2 *Performance is acceptable:* consistently performs assigned task at the minimally accepted standards required for the position.
- 3 *Performance is acceptable:* consistently exceeds the accepted standards for performance of assigned task required for the position.
- 4 *Performance is excellent:* always exceeds the accepted standards for performance of assigned task required for the position.
- 5 *Performance is superior:* always exceeds the accepted standards for performance of assigned task in an exemplary manner.

JOB PERFORMANCE:

| | | | | | | | | |
|-------------------------|-------------------|---|---|---|---|---|---|------------------|
| 1. Concept of Job | Realistic | 5 | 4 | 3 | 2 | 1 | 0 | Unrealistic |
| 2. Goals and Objectives | Appropriate | 5 | 4 | 3 | 2 | 1 | 0 | Inappropriate |
| 3. Job Knowledge | Appropriate | 5 | 4 | 3 | 2 | 1 | 0 | Inappropriate |
| 4. Quality of Work | High Quality | 5 | 4 | 3 | 2 | 1 | 0 | Low Quality |
| 5. Quantity of Work | High Productivity | 5 | 4 | 3 | 2 | 1 | 0 | Low Productivity |

Total Score _____/5 x 3.0 = Average Rating _____

LEADERSHIP:

| | | | | | | | | |
|--------------------------------|-----------|---|---|---|---|---|---|-------------|
| 6. Ability to Evaluate | Realistic | 5 | 4 | 3 | 2 | 1 | 0 | Unrealistic |
| 7. Management of Effectiveness | Effective | 5 | 4 | 3 | 2 | 1 | 0 | Ineffective |
| 8. Planning and Implementation | Superior | 5 | 4 | 3 | 2 | 1 | 0 | Inferior |

Total Score _____/3 x 3.0 = Average Rating _____

ATTITUDE - WORK HABITS:

| | | | | | | | | |
|----------------------------------|--------------|---|---|---|---|---|---|----------------|
| 9. Dependability and Punctuality | Reliable | 5 | 4 | 3 | 2 | 1 | 0 | Unrealistic |
| 10. Personal Relationships | Effective | 5 | 4 | 3 | 2 | 1 | 0 | Ineffective |
| 11. Meeting Public | Satisfactory | 5 | 4 | 3 | 2 | 1 | 0 | Unsatisfactory |
| 12. Initiative and Creativeness | Assertive | 5 | 4 | 3 | 2 | 1 | 0 | Tentative |
| 13. Receptive to Change | Open | 5 | 4 | 3 | 2 | 1 | 0 | Closed |

Total Score _____/5 x 3.0 = Average Rating _____

PROFESSIONAL IMPROVEMENT:

| | | | | | | | | |
|------------------------------|--------|---|---|---|---|---|---|----------|
| 14. Professional Improvement | Active | 5 | 4 | 3 | 2 | 1 | 0 | Inactive |
|------------------------------|--------|---|---|---|---|---|---|----------|

Total Score _____ x 1.5 = Average Rating _____

UNIVERSITY SERVICE:

| | | | | | | | | |
|------------------------|--------|---|---|---|---|---|---|----------|
| 15. University Service | Active | 5 | 4 | 3 | 2 | 1 | 0 | Inactive |
|------------------------|--------|---|---|---|---|---|---|----------|

Total Score _____ x 1.5 = Average Rating _____
Overall Rating Computed to Nearest Hundredth _____

Signature of Employee _____ Date _____

Signature of Evaluator _____

**NORTHWESTERN STATE UNIVERSITY
UNCLASSIFIED STAFF EVALUATION**

Name of Employee Being Evaluated _____
(Last) (First) (Middle Initial)

Position Title _____

Department/Budget Unit in Which He/She is Employed _____

EVALUATOR'S COMMENTS: Indicate the employee's assets and chief abilities in his/her present position as well as areas in which improvement is needed. Outline specific steps which may be taken to effect improvement in the employee's administrative performance. Please discuss factors which are unique to the employee's position and which are not covered by items on the evaluation instrument. (Attach additional pages if necessary.)

Evaluation Made By _____ Date _____
Evaluator's Signature (Required)

Discussed with employee _____ Date _____

EMPLOYEES COMMENTS: What are your views of your performance? To what degree do you concur or not concur with this appraisal. (Attach additional pages if necessary.)

*Employee's Signature _____ Date _____

REVIEWING AUTHORITY'S COMMENTS: _____

Signature of Reviewing Authority _____ Date _____

*To be completed only if this is an evaluation by a supervisor of an employee who reports directly to him/her.

**After completing the EMPLOYEE'S COMMENTS section and signing, the employee should return the completed evaluation form to his/her supervisor within two working days.