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.)

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______________________________________________________________________________________________________________

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.)

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*Employee’s Signature ______________________________________________   Date _________________________

REVIEWING AUTHORITY’S COMMENTS:

______________________________________________________________________________________________________________

______________________________________________________________________________________________________________

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______________________________________________________________________________________________________________

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.