

VICTOR VALLEY COLLEGE

APPENDIX A

- Educational Administrator
- Classified Administrator
- Manager/Supervisor

**SUMMARY OF ADMINISTRATIVE EMPLOYEE PERFORMANCE EVALUATION**

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\_\_\_\_\_  
Name of Employee Date

\_\_\_\_\_  
Position Title

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**Evaluation Components (attach):**

EVALUATION COMPONENTS	EVALUATION PERIOD
<input type="checkbox"/> Self-Evaluation	<input type="checkbox"/> First Year
<input type="checkbox"/> Goals and Goals Assessment	<input type="checkbox"/> Year: _____
<input type="checkbox"/> Peer Assessment (to be completed every 3 years)	
<input type="checkbox"/> Supervisor's Evaluation of Performance	

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\_\_\_\_\_  
Signature of Immediate Supervisor Date

\_\_\_\_\_  
Signature of Vice President or Next Level Supervisor Date

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**Employee:** *I certify that this report has been discussed with me and that I am aware it will be placed in my official personnel file. I understand that my signature does not necessarily indicate agreement. I also understand that this report will be placed in my personnel file within 10 days of the date of my signature and that I can respond in writing to any material in this report and that my response will be attached to it.*

\_\_\_\_\_  
Employee's Signature Date

Victor Valley College does not discriminate on the basis of race, color, national origin, ancestry, sex, age, religion, marital status, physical or mental disability or sexual orientation in any of the District's policies, or procedures.