



Los Rios Community College District  
**Management Evaluation Form**

Managers Name \_\_\_\_\_ Employee ID \_\_\_\_\_

Evaluation Period- From: \_\_\_\_\_ To: \_\_\_\_\_

Supervisor \_\_\_\_\_ Peer \_\_\_\_\_ Peer \_\_\_\_\_

College / Location:      ARC      CRC      DO      EWC      FLC      FM      SCC

Rating Key: 1 – Unacceptable 2 – Needs Improvement 3 – Satisfactory 4 – Very Good 5 – Excellent

	1	2	3	4	5
I. Performance of Job Duties <i>(attach copies of job objectives and self-evaluation of these objectives)</i> Comment:					
II. Leadership Comment:					
III. Human Relations Comment:					
IV. Communication Comment:					
V. Personal Qualities Comment:					
VI. Anti-Racism Efforts <i>(Manager has shown evidence of commitment to improving equity outcomes for disproportionately impacted students such as our African-American/Black and Hispanic/Latinx students.)</i> Comment:					
VII. Other Comment:					
VIII. Overall Rating Comment:					

Note: The overall rating is not necessarily an average or composite of the six subsections. The comments should include commendations and recommendations with specific suggestions. Attach extra pages as needed.

I have seen this report and agree with the conclusions of the primary evaluator.

I do not agree with the conclusions of the primary evaluator (manager may attach a statement to the evaluation form).

\_\_\_\_\_  
 Manager's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor's (Primary Evaluator) Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 College President's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chancellor's (or Designee) Signature

\_\_\_\_\_  
 Date