|  |
| --- |
| Fiscal Year: (Enter Fiscal Year) |

 **Evaluation Stage:**

Enter your evaluation in the text box below with supportive narrative for each objective and select a rating

 (Meets, Exceeds or Fails) for each of the six objectives using the drop-down field (- Select Rating -).

|  |
| --- |
| **Agency:** (Enter Agency Name) |
| **Agency Head:** (Enter Agency Head Name) |

|  |  |
| --- | --- |
| **Objective 1: Leadership** | **Objective 1 Rating: - Select Rating -** |
| (Enter Objective 1 Evaluation Text) |
| **Objective 2: Strategic Planning** | **Objective 2: Rating: - Select Rating -** |
| (Enter Objective 2 Evaluation Text) |
| **Objective 3: Customer Focus**  | **Objective 3: Rating: - Select Rating -** |
| (Enter Objective 3 Evaluation Text) |
| **Objective 4: Workforce Focus / Human Resources** | **Objective 4: Rating: - Select Rating -** |
| (Enter Objective 4 Evaluation Text) |
| **Objective 5: Process Management / Continuous Improvement**  | **Objective 5: Rating: - Select Rating -** |
| (Enter Objective 5 Evaluation Text) |
| **Objective 6: Financial Management**  | **Objective 6: Rating: - Select Rating -** |
| (Enter Objective 6 Evaluation Text) |

|  |
| --- |
| **Additional Evaluation Information** |
| Please record the composite score the agency head received from the survey of the individual board/commission members (Governor or designee).(Enter composite score)Select the level (Meets, Exceeds or Fails) that best describes your overall assessment of the agency head's performance using the drop-down below:**- Overall Assessment -** |
| Provide an overall assessment of the agency head's job performance during the review period, emphasizing major results, strengths and areas of improvement. If appropriate, indicate how the agency head plans to improve in any of the deficient areas and what the board/commission (Governor or designee) plans to do to support these efforts. |
| (Enter Overall Assessment Text) |

|  |
| --- |
| **Evaluation Stage Verification** |
| **Agency Head:**Signature:Date: **Governor or Board/Commission Chair:**Signature:Date: |