

BOARD MEMBER INDEPENDENT EVALUATION OF SUPERINTENDENT

Short Form

Name of Superintendent _____ June, 20 ____

Please comment on any area for commendation or desired improvement. It is not necessary to comment on each area. If there is any area of concern, please be quite specific and use the back of this form for your comments.

Comments

- I. ADMINISTRATION
- II. INSTRUCTIONAL LEADERSHIP
- III. RELATIONSHIP WITH THE BOARD
- IV. RELATIONSHIP WITH THE STAFF
- V. RELATIONSHIP WITH THE COMMUNITY
- VI. PERSONAL AND PROFESSIONAL QUALITITES
- VII. BUSINESS AND FINANCE
- VIII. PERSONNEL MANAGEMENT
- IX. ORGANIZATION AND PLANNING
- X. LEADERSHIP SKILLS

GENERAL COMMENTS

Proposed: 05/09/02
Adopted: 06/13/02

NHSBA Review: 01/23/14