

**Executive Director Evaluation**

Name: \_\_\_\_\_

Year: 2021

**Instructions:** Please rate the Executive Director's job performance with regard to the evaluation areas appearing below. A definition of the categories is provided.

**Exceeds Expectations:** Performance frequently exceeds expectations.

**Meets Expectations:** Performance is consistent, fully acceptable at the expected level.

**Needs Improvement:** Performance seldom exceeds acceptable levels (specific areas for improvement should be noted).

EVALUATION STATEMENT	NEEDS IMPROVEMENT	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS
<b>1. COMMITMENT TO MISSION</b> Effectiveness as a champion of quality care for all consumers.  <i>Comments:</i>			
<b>2. LEADERSHIP</b> Effectiveness of leadership as evidenced at Board meetings and public events.  <i>Comments:</i>			
<b>3. FISCAL MANAGEMENT</b> Effectiveness with regard to budget oversight and fiscal compliance.  <i>Comments:</i>			
<b>4. COMMUNITY AND PUBLIC RELATIONS</b> Effectiveness representing the Agency at local and state level organizations, associations, and events.  <i>Comments:</i>			
<b>5. PLANNING</b> Effectiveness in developing plans for the growth and/or improvement of Agency programs.  <i>Comments:</i>			
<b>6. ACCOUNTABILITY</b> Effectiveness with regard to identifying and responding to Board and organizational priorities (reference FY 2019 Goal Status).  <i>Comments:</i>			

**ADDITIONAL COMMENTS** *(Optional – Use Back of Form if Necessary)***EVALUATION PROCESS**

This is an effective evaluation tool:

☐ Yes ☐ No

If “No” please use back of form to suggest changes

**COMPLETED BY**

Board Member:

Date:

**EVALUATION FINALIZED BY**

Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

Board Chairman: \_\_\_\_\_

Date: \_\_\_\_\_