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**LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM  
PROFESSIONAL/ADMINISTRATIVE EVALUATION AND PLANNING FORM  
FOR UNCLASSIFIED EMPLOYEES**

Name \_\_\_\_\_ Position \_\_\_\_\_ Period Covered from \_\_\_\_\_ to \_\_\_\_\_

Department \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ (% FTE)

Reason for Rating:  Annual  Other \_\_\_\_\_ Hire Date \_\_\_\_\_

**INSTRUCTIONS:**

**% of effort** - For each Section indicate the % of the employee's overall effort that is assigned for all applicable criterion covered by the section. Note that the total % of effort for all sections combined should equal 100%.

**Criterion Comments** - In the space provided for criterion comments, please provide a brief narrative summary of the employee's activities during the period covered. These comments should justify the criterion rating as indicated. Utilize any goals and objectives that may have been set for this criterion in the previous evaluation period.

**Criterion and Section Summary Rating** - Rate the employee on each applicable criterion in each section. Add the criterion rating numbers together and divide by the total number of criteria in each section to obtain the Section Summary Rating.

**Overall Evaluation Rating** - In the overall evaluation summary, provide a narrative statement that supports the overall evaluation rating for the employee for the period evaluated, as supported by the ratings for each Section and their respected % of effort assigned.

Transfer the corresponding Section Summary Rating into the Overall Evaluation Rating Calculator then multiply by the % of effort assigned to the Section to determine the Weighted Rating. Total the Weighted Rating for all sections to determine the Overall Evaluation Rating.

**Planning Form** - Utilize the Planning Form to set goals and objectives for each section for the next evaluation period.

**Performance Improvement Plan** – A Performance Improvement Plan is required for all employees with overall evaluation ratings of Needs Improvement or Unsatisfactory. This is not required for other overall evaluation ratings.

**Individual Rating** – The intent of this evaluation process is to rate the individual on his/her own performance based on objectives, goals, expectations and actual performance. It is not intended to be a ranking of one employee against another.

**Return pages 3 through 8, Planning Form and Performance Improvement Plan, if applicable, to human resources.**

## **Rating Categories and Definitions:**

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**5 – Outstanding – Performance is consistently well above the expected levels of competence in all requirements for the review criterion.** Performs work above expected levels for the position and may make suggestions for work improvement. Employee anticipates and responds quickly to changing situations, continually expanding knowledge and skills to address new challenges. Employee requires essentially no supervision of duties appropriate for the position, regularly going beyond what is expected for the review criterion.

A rating of Outstanding for the overall evaluation is used if the employee consistently performs well above all requirements of the position.

**4 – Exceeds Expectations – Performance is occasionally above the expected levels of competence for the review criterion.** Expectations are met in all areas, and in some areas are exceeded, but not on a consistent basis.

A rating of Exceeds Expectations for the overall evaluation is used if the employee has met all requirements of the job and has exceeded some, but not all, requirements of the position.

**3 – Meets Expectations – Performance consistently meets the expected level of competence for the review criterion.** Work of a satisfactory nature is performed on a consistent basis with normal supervision, meeting all job expectations of the review criterion.

A rating of Meets Expectations for the overall evaluation is used if the employee has consistently met all requirements of the position.

**2 – Needs Improvement – Performance does not consistently meet all requirements of the review criterion.** Overall performance is less than satisfactory for the review criterion. Where performance in some areas is satisfactory, improvement is needed in others.

A rating of Needs Improvement for the overall evaluation is used if the employee has met some requirements but there are areas where he/she needs improvement to meet requirements of the position, or where performance fluctuates between satisfactory and unsatisfactory. An overall rating of Needs Improvement requires that a Performance Improvement Plan be established for the employee with a follow-up performance evaluation required 90 days from the date of the Needs Improvement performance rating.

**1 – Unsatisfactory – Performance is consistently poor or inadequate in meeting most or all requirements of the review criterion.** Requires frequent, close supervision and/or the redoing of work. Few or no goals and objectives are met. Signifies need for immediate improvement.

A rating of Unsatisfactory for the overall evaluation indicates that the employee's performance does not meet the minimum requirements of the position. Overall performance must improve in order to retain the employee in his/her present position. A Performance Improvement Plan is required to be established for the employee with a follow-up performance evaluation required 90 days from the date of the Unsatisfactory performance rating. Human Resources must be consulted regarding the employee's future status with the institution.

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**A. Communication: \_\_\_\_\_% of overall effort assigned to this Section**  
 Rate employee for all applicable criteria for this section.

Criteria for Evaluation and Comments	Criterion Rating					
	N/A	1	2	3	4	5
<p><b>1. Written and Oral Communication</b> – Has effective writing and speaking skills. Writes in an understandable manner, free of grammatical, spelling or sentence structure errors. Gives clear directions. If required to conduct meetings: prepares agenda, defines purpose of meeting, encourages participation, considers and follows up on suggestions, and adjourns on time.</p> <p><b>Comments:</b></p>						
<p><b>2. Communication with Co-workers and Supervisor</b> – Uses appropriate communication channels. Consults with supervisor about actual or potentially sensitive issues. Assumes responsibility for communicating relevant information to co-workers and supervisor on a timely basis.</p> <p><b>Comments:</b></p>						
<p><b>3. Effective Listening</b> – Listens to and considers the views of others. Considers the advantages, disadvantages, usefulness, potential results and other relevant factors of alternatives.</p> <p><b>Comments:</b></p>						

<b>Section A Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).	.
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**B. Work Habits: \_\_\_\_\_% of overall effort assigned to this Section**

Rate employee for all applicable criteria for this section.

**Criteria for Evaluation and Comments**

**Criterion Rating**

	N/A	1	2	3	4	5
<p><b>1. Workload Management/Commitment to Work –</b>                      Demonstrates competence in performance of duties associated with the functional area. Prioritizes work and submits completed work on a timely basis in an orderly and efficient manner. Self-motivated, commits time as necessary to fulfill responsibilities of position.  <b>Note:</b> You will want to outline functional duties and may want to address these on a separate supporting attachment.  <b>Comments:</b></p>						
<p><b>2. Attendance/Use of Time –</b>Maintains appropriate office hours. Keeps appointments on time. Makes effective use of time. Responds to business communications in a timely manner, i.e. telephone calls, faxes, emails. Employee is dependable and has a minimum of unplanned absences.  <b>Comments:</b></p>		1	2	3	4	5
<p><b>3. Professionalism –</b> Performs job duties in accordance with policies, procedures and generally accepted standards/ guidelines for the profession/area of work. Complies with relevant laws and regulations.  <b>Comments:</b></p>		1	2	3	4	5

<p><b>Section B Summary Rating -</b> Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>	<p>.</p>
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**C. Adaptability:** \_\_\_\_\_% of overall effort assigned to this Section.  
 Rate employee for all applicable criteria for this section.



**Criteria for Evaluation and Comments**

**Criterion Rating**

	N/A	1	2	3	4	5
<p>1. <b>Flexibility</b> – Adjusts behavior to fit the situation or person as appropriate. Modifies operational procedures, plans and goals to meet changing institutional demands and opportunities.  <b>Comments:</b></p>						
<p>2. <b>Action Oriented</b> – Demonstrates a capacity to quickly adapt to change, shortening the response time of all processes and systems. Delegates authority and assumes responsibility, as appropriate. Eliminates bureaucratic practices to accelerate all aspects of work.  <b>Comments:</b></p>						
<p>3. <b>Future Oriented</b> – Anticipates internal and external forces that will impact the future effectiveness and efficiency of the unit and responds with needed changes. Thinks dynamically and fosters creative approaches or imaginative solutions.  <b>Comments:</b></p>						

<p><b>Section C Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>	.
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**D. Adding Value/Team Building: \_\_\_\_\_ % of overall effort assigned to this Section**  
 Rate employee for all applicable criteria for this section.

Criteria for Evaluation and Comments	Criterion Rating					
<p>1. <b>Integrity</b>– Reaches decisions based on the highest ethical standards. Fosters a culture of trust and respect for others. Behaves in a fair and ethical manner.  <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>2. <b>Concern with Impact</b> –Understands the LCTCS mission and goals. Concentrates on outcomes, works across departmental boundaries and assumes ownership of problems. Resolves problems with minimum impact on students,staff and public. Demonstrates an understanding of the “big picture” and how actions impact the entire System.  <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>3. <b>Value-Added Orientation</b> – Capitalizes on opportunities to reduce costs, improve customer service/satisfaction and increase productivity. – Pursues and encourages opportunities that foster learning, growth and development.  <b>Comments:</b></p>	N/A	1	2	3	4	5
<p>4. <b>Team Relations</b>– Treats others with dignity and respect. Contributes to an environment where differences are valued and encouraged. Seeks to build internal and external partnerships to better accomplish goals.  <b>Comments:</b></p>	N/A	1	2	3	4	5

<b>Section D Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).	.
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**If employee does not have supervisory/management responsibilities, proceed to Overall Evaluation Narrative Summary.**

**EVALUATION OF MANAGEMENT ACTIVITIES**

(Do not complete this section unless the employee has management/supervisory duties)

**E. Management Activities: \_\_\_\_\_% of overall effort assigned to this Section**

Rate employee for all applicable criteria for this Section.

Criteria for Evaluation and Comments	Criterion Rating					
	N/A	1	2	3	4	5
<p><b>1. Work Group Management and Leadership Skills</b> – Sets realistic but challenging work goals. Provides appropriate resources and training. Encourages input and creativity in work methods. Shares information and keeps staff up-to-date.  <b>Comments:</b></p>						
<p><b>2. Performance Management</b> – Develops performance plan jointly with subordinate, communicating performance expectations clearly. Conducts thorough and timely performance reviews with subordinates; provides feedback throughout the performance period. Takes appropriate disciplinary action as needed.  <b>Comments:</b></p>						
<p><b>3. Managing Diversity</b> – Creates a work environment that embraces diversity. Recruits a diverse workplace. Develops, evaluates and rewards employees consistent with the goal of creating a diverse workforce.  <b>Comments:</b></p>						

<p><b>Section E Summary Rating</b> - Add the criterion rating numbers together and divide by the total number of applicable criteria in each section. Show Section Summary Rating in box at right (round to 2 decimal places).</p>	.
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**OVERALL EVALUATION SUMMARY NARRATIVE:**

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**OVERALL EVALUATION RATING CALCULATOR:** Transfer the corresponding Section Summary Rating into the Overall Evaluation Rating Calculator then multiply by the % of effort assigned to the Section to determine the Weighted Rating. Total the Weighted Rating for all sections to determine the Overall Evaluation Rating.

Section	%Effort Assigned to Section		Section Summary Rating		Weighted Rating
A		X		=	
B		X		=	
C		X		=	
D		X		=	
E		X		=	
<b>Overall Evaluation Rating</b>	<b>100%</b>				

<b>Overall Rating Scale = Overall Rating Category</b>	
4.50 – 5.00	<b>Outstanding</b>
3.50 – 4.49	<b>Exceeds Expectations</b>
2.50 – 3.49	<b>Meets Expectations</b>
1.50 – 2.49	<b>Needs Improvement *</b>
1.00 – 1.49	<b>Unsatisfactory *</b>

\*Requires Performance Improvement Plan

**EMPLOYEE COMMENTS (add a separate page if necessary):**

**This appraisal has been discussed by the undersigned and a copy given to the employee.**

\_\_\_\_\_  
 Rating Supervisor's Signature      Print Supervisor Name      Date

\_\_\_\_\_  
 Employee's Signature\*      Print Employee Name      Date

\*This signature does not indicate agreement or disagreement but simply that the evaluation has been discussed.

Name _____	Position _____	Period Covered from _____ to _____
Department _____	Full Time _____	Part Time _____ (% FTE)
Reason for Rating: <input type="checkbox"/>	Annual <input type="checkbox"/>	Other _____ Hire Date _____



**PLANNING FORM – PROFESSIONAL/ADMINISTRATIVE**  
(For use with Professional/Administrative Evaluation) Page 1 of 2

For the period covered from \_\_\_\_\_ to \_\_\_\_\_

**Instructions:**

*The purpose of the Planning Form is to describe the developmental goals and objectives intended for the employee to pursue during the coming year. It is recommended that the description be specific so that at the end of the year there will be as little ambiguity as possible in judging whether each goal was achieved. It is recognized that some plans will be changed during the year and that not all goals will be achieved for a variety of reasons.*

*Set at least one objective for each employee per Section that will aid the employee's performance development. Be sure that it is specific, measurable, attainable, reasonable and that a time is set for expected completion.*

**Section A - Communication**

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**Goals and Objectives Set** (set begin date and completion date for each)

	Begin Date	Completion Date
➤ _____	_____	_____
➤ _____	_____	_____

Status of Goals and Objectives at Review Date:

**Section B - Work Habits**

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**Goals and Objectives Set** (set begin date and completion date for each)

	Date	Begin Date	Completion
➤ _____	_____	_____	_____
➤ _____	_____	_____	_____

Status of Goals and Objectives at Review Date:

**Section C - Adaptability**

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**Goals and Objectives Set** (set begin date and completion date for each)

Begin	Completion		Date	Date
➤ _____	_____		_____	_____
➤ _____	_____		_____	_____

Status of Goals and Objectives at Review Date:

**Section D - Adding Value/Team Building**

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**Goals and Objectives Set** (set begin date and completion date for each)

	<b>Begin Date</b>	<b>Completion Date</b>
➤ _____	_____	_____
➤ _____	_____	_____

**Status of Goals and Objectives at Review Date:**

**Section E - Management Activities**

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**Goals and Objectives Set** (set begin date and completion date for each)

	<b>Begin Date</b>	<b>Completion Date</b>
➤ _____	_____	_____
➤ _____	_____	_____

**Status of Goals and Objectives at Review Date:**

The goals and objectives listed for the performance criterion have been discussed and are understood.

\_\_\_\_\_  
**Supervisor's Signature**      **Begin Date**

\_\_\_\_\_  
**Employee's Signature**      **Begin Date**

\_\_\_\_\_  
**Supervisor's Signature**      **Review Date**

\_\_\_\_\_  
**Employee's Signature**      **Review**

**PERFORMANCE IMPROVEMENT PLAN**

*(Required for Overall Performance Ratings of Needs Improvement and Unsatisfactory)*

Employee: (Print) \_\_\_\_\_ Position/Rank \_\_\_\_\_

Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

***This following Performance Improvement Plan has been established for this employee due to receipt of an overall performance evaluation rating of***

***/ / Needs Improvement for the period covered from \_\_\_\_\_ to \_\_\_\_\_***

***/ / Unsatisfactory for the period covered from \_\_\_\_\_ to \_\_\_\_\_***

Identify the area(s) where performance improvement is needed. For each area identified establish goals and objectives that are required to be met. Be sure to assign a beginning date for each planned activity, a deadline for expected outcome completion date and a review date for area for performance improvement.

**Area for Performance Improvement:**

Planned activity and expected outcome:

Begin Date: \_\_\_\_\_ Outcome Completion Date: \_\_\_\_\_ Review Date \_\_\_\_\_

**Status of Planned Activity and Expected Outcome at Review Date:**

*Use as many pages as necessary for the Performance Improvement Plan. Indicate # of pages utilized \_\_\_\_.*

The undersigned understand that it is necessary at this time to focus on the indicated area(s) for performance improvement. It is noted that disciplinary action(s) may be taken at any point if performance does not indicate significant improvement.

\_\_\_\_\_  
Evaluator Signature    Begin Date    \_\_\_\_\_ Employee Signature    Print Name    \_\_\_\_\_ Review Date

\_\_\_\_\_  
Evaluator Signature    Review Date    \_\_\_\_\_ Employee Signature    Print Name    \_\_\_\_\_ Review Date