

PERFORMANCE REVIEW
EDUCATION PROGRAM SPECIALIST

NAME: _____ **COUNTY:** _____

PERIOD OF EVALUATION: _____

PROGRAM AREA: _____

RATING

This evaluation form is designed as a tool to assist with the evaluation of professional staff, based on the expectations in the current position. Categories on the form are to be rated as follows:

- 1 = does not meet expectations;
- 2 = meets expectations in some areas but lacks consistency;
- 3 = meets expectations;
- 4 = exceeds expectations in most areas;
- 5 = exceeds expectations in all areas.

Each rating is followed by space for explanation(s) designed to reinforce the current performance and/or guide the individual to improve.

Education Program Specialist* _____
Date

County Extension Coordinator _____
Date

District Extension Director _____
Date

*Signature indicates only that the employee has completed the performance analysis with his/her supervisor(s) and has reviewed this form. It does not necessarily signify agreement.

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CATEGORY	RATING					EXPLANATION OR FEEDBACK
I. Professional Achievement						
a. Needs Assessment	1	2	3	4	5	
b. Issue Programming	1	2	3	4	5	
c. Base Programming	1	2	3	4	5	
II. Educational Development						
a. Quality of work	1	2	3	4	5	
b. Quantity of work	1	2	3	4	5	
c. Impact	1	2	3	4	5	
d. Publications, videos, news releases, computer programs, etc.	1	2	3	4	5	
e. Teaching/job effectiveness	1	2	3	4	5	
f. Use of volunteers	1	2	3	4	5	
g. Team work (Cooperation within the organization to meet program goals and to support the mission of the Extension Service)	1	2	3	4	5	
h. Communications and interrelationships within office/departments	1	2	3	4	5	
i. Communications and interrelationships/image with clients/general public	1	2	3	4	5	
III. Professional Development	1	2	3	4	5	
IV. Overall Rating	1	2	3	4	5	

REMARKS

(A) Major Goals for Coming Year:

(B) Employee Comments:

(C) County Extension Coordinator Comments:
