Thomaston Public Schools
Superintendent Evaluation

School Year:_____

I. Critical Goals Review: Please indicate proposed rating (i.e. Fails to meet, partially meets, meets, exceeds, substantially exceeds.) Then provide a few supporting comments. Critical goals for the year are attached for your review.

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1. Rating:_____

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2. Rating:_____

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3. Rating:_____

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4. Rating:_____

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5. Rating:_____

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6. Personal/Professional Development Goal:

II. Competencies: Please check the applicable box below for each competency reflecting your rating of the Superintendent. Record specific comments below. Please use attached standards to determine appropriate rating.

Competencies	Fails to Meet	Partially Meets	Meets	Exceeds	Substan. Exceeds
1. Educational Leadership					
2. Fiscal Management					
3. Personnel Management					
4. Planning					
5. Quality Improvement					
6. Board Relations					
7. Community Relations					

III. Overall Performance Commentary

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Completed by:_____ Date:_____