

**BARTON COMMUNITY COLLEGE**

          
(Year)

**Staff Annual Review Form  
(To be completed by Evaluator)**

Employee Name:	ID:
Evaluator Name:	Evaluation Date:

If there is a job description change, attach revised job description with all changes clearly noted; electronic version (Word document) and send to the Office of Human Resources.

Job Performance (Evaluate employee's performance of past year; should reference applicable performance standards attached to form.)

1. Job Knowledge:
2. Quality of Work:
3. Productivity:
4. Accepts Responsibility:
5. Dependability:
6. Initiative:
7. Attitude:
8. Work Ethics:
9. Student/Public Contacts:
10. Interpersonal Relationships:
11. Communication:
12. Organization:
13. Decision Making:
14. Leadership:
15. Management Skills:
16. Supervisory Skills:

Goals

1) List past year's goals and status.

2) List upcoming year's goals.

Comments

Evaluator Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_  
(Instruction and Student Services Departments Only)

President Signature: \_\_\_\_\_