

# Jordan School District Audiologist Performance Appraisal System

## Supervisor Form

Audiologist Name:	Soc. Sec. #	Dept/School:
Immediate Supervisor:		Evaluation Date:

<b>General Performance Areas</b>  <i>*A Fair/Below Standard or Unacceptable rating must be accompanied by written documentation.</i>	Performance Level					Specific Performance Objectives (optional)	Performance Level				
	Unacceptable	Fair/Below Standard	Satisfactory/Standard	Very Good/Above Standard	Outstanding		Unacceptable	Fair/Below Standard	Satisfactory/Standard	Very Good/Above Standard	Outstanding
<b>A. Leadership</b> Overall performance in structuring work and collaborating with others in order to accomplish program and district goals and objectives.						These objectives should be taken from each employee's annual work plan					
<b>B. Judgement and Confidentiality</b> Ability to recognize problem situations, use appropriate information and make decisions in a timely fashion.						<b>Objective #1</b> From annual work plan*					
<b>C. Interpersonal Skills</b> Ability to work effectively with all stakeholders, respond positively to requests and suggestions, and promote a positive climate.						<b>Objective #2</b> From annual work plan*					
<b>D. Communication Skills</b> Communicates effectively with all stakeholders, both verbally and in writing, in a timely manner.						<b>Objective #3</b> From annual work plan*					
<b>E. Development, Training and Management Skills</b> Ability to deliver effective training based on individual student/school needs. Manage all aspects of audiology services.						<b>Objective #4</b> From annual work plan*					
<b>F. Professional Standards</b> Knowledge and compliance to relevant standards, reporting expectations, and high quality work.						<b>Objective #5</b> From annual work plan*					
<b>G. Planning and Organization</b> Demonstrates organizational competence and maintains appropriate records.						<b>Objective #6</b> From annual work plan*					

\*Provide a short description of item

Use space below for comments. Use additional sheets if necessary.

Examples of work well done. (Products and/or Activities)

Goals for performance improvement:

Overall Evaluation:

- Outstanding
- Very Good/Above Standard
- Satisfactory/Standard

\*Five or more of the eight domains must have a rating of Fair/Below or Unacceptable when marking the following as an overall rating.

- Fair/Below Standard
- Unacceptable

Employee's Comments: (optional)

Signature of Immediate Supervisor:

Date:

Signature of Audiologist:

Date:

I understand that I may make a written response to all or any part of this evaluation, and that the response will be attached to this form. If I am not satisfied with the evaluation, I have thirty days to request a review. My signature does not necessarily indicate that I agree with this evaluation, but that I have read the above information and have received a copy of this form.