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| WESTERN NEVADA COLLEGE |
| Administrative Faculty Self Evaluation Form |
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| Name: |  | Date: |  |
| Title: |  | Review Period: |  |
| Department: |  |
| Supervisor Name and Title: |  |
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| 1. **Performance for all categories of the current position description:**
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| 1. **Goals**
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| 1. **Successful completion of goals/major accomplishments and tasks.**
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| 1. **Goals that could not be accomplished along with a brief explanation for the change in priorities and possible challenges for the future.**
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| 1. **Service to the college/community**
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| 1. **Personal and professional growth**
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| 1. **Performance Program and Goals:**
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| Employee’s Signature: |  | Date: |  |
| Supervisor’s Signature: |  | Date: |  |
| Vice President’s Signature: |  | Date: |  |