

Collin County Community College District  
**EXECUTIVE PERFORMANCE EVALUATION**  
20\_\_ - 20\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

**I. Supports the President in reaching the District's Strategic Goals and Achievement Indicators.**

☐ Meets Standards of Excellence      ☐ Needs Improvement

**Comments:**

**II. Fulfilled agreed-upon Goals and Achievement Indicators planned for the year.**

☐ Meets Standards of Excellence      ☐ Needs Improvement

**Comments:**

**III. Other Performance Evaluation Factors**

- **Works collaboratively with the Leadership Team.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Shares information readily and fosters teamwork.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Accepts responsibility and holds subordinates accountable.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Seeks out and implements innovations that improve effectiveness of the division.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Conducts college business with a professional demeanor.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Builds capacity within the division by effectively supervising and developing staff.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement

- **Written and oral communications within the college and with external contacts are accurate and professional.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Participates in professional development activities that improve performance and leadership.**  
☐ Meets Standards of Excellence      ☐ Needs Improvement
- **Other College Service**  
☐ Meets Standards of Excellence      ☐ Needs Improvement

**Comments:**

**IV. FINAL RATING SCORE** (The Final Rating Score is not intended to be an average of Parts I, II, and III, above.)

☐ **Meets Standards of Excellence**      ☐ **Needs Improvement**

President's Overall Comments:

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Executive Employee Comments (use reverse side/attachment, if necessary):

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**SIGNATURES:**

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Title

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Date

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President

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Date

\*\* Signature indicates that the completed evaluation has been reviewed and discussed by the President with the individual executive, and does not necessarily signify concurrence. A response may be attached.