

Valdez City School District

**ADMINISTRATOR EVALUATION FORM**

**ADMINISTRATOR EVALUATION BY PARENT and/or COMMUNITY MEMBER**

**Instructions:**

1. Please complete the evaluation by circling the most appropriate number.
  
2. This form should be returned to:  
 Valdez City School District Office  
 1112 W. Klutina, PO Box 398  
 Valdez, AK 99686

**Administrator**

\_\_\_\_\_

**School**

\_\_\_\_\_

**Parent/Community**

\_\_\_\_\_

<i>The Administrator</i>	Disagree	Agree	Not Observed
1. Promoted standard of academic excellence.	1	2 3 4 5	0
2. Effectively manages all aspects of the school to ensure a positive educational experience for students.	1	2 3 4 5	0
3. Listens, understands, and communicates information both orally and in writing with accuracy, clarity and effectiveness to community members, parents, and students.	1	2 3 4 5	0
4. Shows an awareness, sensitivity and understanding to cultural awareness.	1	2 3 4 5	0
5. Encourages me and other parents to become involved with the educational process.	1	2 3 4 5	0
6. Is fair and consistent with parents requests and interactions.	1	2 3 4 5	0
7. Has a positive and friendly attitude.	1	2 3 4 5	0
8. Is a strong and visible leader of the school.	1	2 3 4 5	0
9. Have you met personally with this administrator?	Yes		No
10. Have you visited the administrator's office?	Yes		No

**Comments:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**This form must be legibly signed to become a part of the evaluation process.**