**Administrator Evaluation by Pastor**

**School Year** Enter School Year

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| --- | --- |
| **Submitted By**: Enter Name of Person Submitting this Form | **Date:** Select Date |

This document serves as an overall evaluation of the performance of **Enter Name of Principal**, currently the Principal at **Enter Name of Principal** in **Select County** County.

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| **1 = Excellent** | **2 = Effective** | **3 = Needs Improvement** | **4 = Ineffective** |

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| **Category** | **Rating** | **Actions Needed for Improvement** |
| Spiritual Leadership | Rating | Enter Actions |
| Academic Leadership | Rating | Enter Actions |
| Classroom Supervision | Rating | Enter Actions |
| Relationship with: |  |  |
| *Pastor(s)* | Rating | Enter Actions |
| *Faculty* | Rating | Enter Actions |
| *Students* | Rating | Enter Actions |
| *Parents/Guardians* | Rating | Enter Actions |
| *Parish Community* | Rating | Enter Actions |
| Effective Communication | Rating | Enter Actions |
| Effective Vision for Ongoing School Improvement | Rating | Enter Actions |
| Effective Use of Technology | Rating | Enter Actions |
| Attendance: |  |  |
| *Daily* | Rating | Enter Actions |
| *Parent Meetings* | Rating | Enter Actions |
| *School Events* | Rating | Enter Actions |

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| **Pastor Signature:**  | **Date:**  |
| **Principal Signature:**  | **Date:**  |