**Administrator Evaluation by Limited Board of Jurisdiction**

**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**, and the Board of Limited Jurisdiction 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** |
| Meeting Preparedness | Rating | Enter Actions |
| Availability/Responsiveness/ Communications | Rating | Enter Actions |
| Policy Implementation | Rating | Enter Actions |
| **Overall Rating** | Rating | Enter Actions |

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| **LBJ Representative Signature:**  | **Date:**  |
| **Principal Signature:**  | **Date:**  |