

_____ County

UNH Cooperative Extension
**Extension Educator/Specialist
Advisory Council Evaluation Form**

Staff Member being Evaluated: _____ Year: _____

Where possible, specifically comment about performance in the broad areas of responsibility as described in the Educator/Specialist job descriptions: *Program Development & Evaluation, Engagement & Outreach, External Funding & Fiscal Management, Communications, and Organizational Support.*

1. Performance strengths:

2. Specific accomplishments to be recognized:

3. Specific recommendations for improving performance:

4. General comments:

5. Overall performance rating:

 ____ Outstanding Performance
 ____ Above Average Performance
 ____ Satisfactory Performance
 ____ Needs Improvement
 ____ Unsatisfactory Performance

6. Council requests a meeting with staff member's program leader
 Yes ____ No ____

Submitted by: _____ Date: _____