

**Valdez City School District**  
**SCHOOL ADMINISTRATOR EVALUATION FORM**  
**ADMINISTRATOR EVALUATION BY PARENT and/or COMMUNITY MEMBER**

Instructions:

Administrator: \_\_\_\_\_

**1. Please complete the evaluation by circling the most appropriate number.**

School: \_\_\_\_\_

**2. This form should be returned to:  
 Valdez City School District Office  
 1112 W. Klutina-PO Box 398  
 Valdez, AK 99686**

Parent/Community Member \_\_\_\_\_

<i>This Administrator:</i>	Agree Disagree	Not Observed/Don't Know
1...promotes standards 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 of cultural and other differences.	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 this administrator's office?	Yes	No

*Comments:* \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_