## HUNTERDON CENTRAL REGIONAL HIGH SCHOOL ANNUAL ADMINISTRATIVE STAFF EVALUATION

STAFF MEMBER:		DATE:
EVALUATOR:		TITLE:
I.	COMMENDATIONS & AREAS OF STRENGTH	
II.	RECOMMENDATIONS & AREAS FOR GROWN IMPROVEMENT	TH AND DEVELOPMENT OR
III.	PROGRESS TOWARD PROFESSIONAL IMPROV	VEMENT PLAN/ PREVIOUS GOALS
IV.	PROFESSIONAL IMPROVEMENT PLAN/GOAL	S FOR NEXT YEAR

EMPLOYEE'S SIGNATURE	Date
SUPERVISOR'S SIGNATURE	 Date

Signature on this document indicates that the employee involved has read the evaluation and has had a conference or has been provided with the opportunity and declined.