

**County of Lake**  
**Department Head Self Evaluation**

<b>Name:</b>	<b>Title:</b>	<b>Date:</b>
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Your participation in the self-evaluation pilot process is intended to initiate a fair and comprehensive review of your progress and accomplishments during the evaluation period. Please take time to think about your work over the prior period. Please rate your performance, as met, exceeded or did not meet, in the core categories listed below. Please illustrate specific and detailed examples of goals and results since your last review. Explain your ratings with comments. (Note: "did not meet" is not necessarily a negative indicator and may, in fact, be a situation in which you need the Board to clarify priorities and/or align resources.

Please email your completed Self Evaluation to the County Administrative Officer (CAO) by the close of business, the Wednesday prior to your scheduled evaluation meeting with the Board of Supervisors.

**Performance Evaluation Core Categories**

<b>Organizational Leadership</b>	<b>Met</b>	<b>Exceeded</b>	<b>Did Not Meet</b>
Uphold public trust and high standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop department vision, strategy and priorities, aligns with Board's vision and priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accomplish critical priorities and fulfill mandates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collaborate and partner to share resources and information, assist in EOC or other countywide needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhibit interpersonal leadership skills and require same of key staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure required training is fulfilled by department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments to explain your rating.**

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<b>Finance</b>	<b>Met</b>	<b>Exceeded</b>	<b>Did Not Meet</b>
Ensure department's financial resources are efficiently and effectively utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure department budget is balanced, developed, and implemented with available resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure sound financial practices are conducted and internal controls are operating effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anticipate and plan for immediate and long term uses and sources of funding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure trust, accountability, and fiscal responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments to explain your rating.**

<b>Work Processes</b>	<b>Met</b>	<b>Exceeded</b>	<b>Did Not Meet</b>
Solve problems, ensuring collaboration and consultation with stakeholders, balanced with timeliness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use key metrics/performance measures for decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continually review and improve work processes to achieve goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet critical deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicate regularly with employees and customers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments to explain your rating.**

<b>Staffing and Development</b>	<b>Met</b>	<b>Exceeded</b>	<b>Did Not Meet</b>
Provide employees with information, resources, support, and role clarity to achieve outcomes, help employees with judgement and decision-making skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegate effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold employees accountable to ensure performance problems are addressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Align employees' goals with department goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utilize strategies to retain top performers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop succession plan for key positions and ways to accelerate learning for new Staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments to explain your rating.**

<b>Board and Administrative Office Relations</b>	<b>Met</b>	<b>Exceeded</b>	<b>Did Not Meet</b>
Answer inquiries in a timely, accurate and effective manner; meets promised deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep CAO and BOS members informed of pertinent issues; is available when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide sufficient information for Board agenda items, demonstrate preparation and knowledge on topic area at Board meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Represent the County and the Board effectively with community, advisory groups and outside agencies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out direction with timely, accurate, and appropriate action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments to explain your rating.**

**List your most significant accomplishments for the current review period.**

**What resources, support, or assistance do you need to be successful in your role?**

Department Head Signature

Date

DH Name:	Title:	Date:
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Board of Supervisors Goals and Development Worksheet

**Instructions:** During your evaluation with the Board, goals will be identified and agreed upon for the next evaluation period. You will work with the CAO following your evaluation to complete this section per discussion with the Board. You and the CAO will sign to acknowledge.

Goals and Priorities	Time frame for completion.

Signatures acknowledge that this form was discussed and reviewed.

Department Head Signature Date	CAO Signature Date
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