



EXECUTIVE DIRECTOR PERFORMANCE REVIEW Director Feedback Form

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EMPLOYEE INFORMATION	
Director Name:	Date:
Director Job Title:	
Executive Director:	Review Period: _____ to _____

Rate the Executive Director overall on the following categories Scale of 1 – 5 (1 = unsatisfactory to 5 = excellent)
Job Knowledge -Organization Overall
Job Knowledge – Your Program
Supports me in my Role
Mentors Others
Establishes Goals Together
Frequency of Feedback
Effectiveness of Feedback
Manages Discipline, HR, Difficult Situations
Supports Training, Learning Culture
Manages with Integrity
Motivational Leader
Opportunity Seeker
Resource for Directors
Internal Communicator
External Communicator
Fiscal Management
Upholds Policies and Procedures
Upholds Mission and Values
Confronts and addresses Challenges
Promotes Safety and Wellness
Summary Score:

Identify a Strength of the Organization or your Program and how the Executive Director supports or could support that Strength. Note whether feedback is related to Organization or your Program:
Identify a Weakness of the Organization or your Program and how the Executive Director addresses or could address that Weakness. Note whether feedback is related to Organization or your Program:
Identify an Opportunity for the Organization or your Program and how the Executive Director does or could help meet that Opportunity. Note whether feedback is related to Organization or your Program:
Identify a Threat to the Organization or your Program and how the Executive Director does or could help address that Threat. Note whether feedback is related to Organization or your Program:
THIS SPACE FOR SUMMARY COMMENTS BY REVIEW COMMITTEE

VERIFICATION OF REVIEW	
<i>I understand that Scores and Comments provided as a Director on this Form to the Executive Committee through the Council Chair is considered Confidential and is intended to be utilized in anonymous, summarized form with other Director Scores and Comments to provide Constructive Feedback to the Executive Director. I am aware that the more specific the feedback I provide, the more challenging it will be to translated feedback anonymously. I understand NWCCOG does not tolerate Discrimination, Harassment or Retaliation by employees or supervisors. Suggestion of any such activity through this process or otherwise may be investigated and subject to discipline. By signing this form, I confirm that I allow the Executive Committee to utilize my feedback for these purposes under these conditions.</i>	
Director Signature:	Date:
Council Chair Signature:	Date: