**COLORADO OFFICE OF PUBLIC GUARDIANSHIP**

**STAFF COMMENT FORM FOR\_[ANNUAL] / [FORMAL COMPREHENSIVE] EVALUATION**

**OF THE EXECUTIVE DIRECTOR OF THE OFFICE OF PUBLIC GUARDIANSHIP**

**Executive Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Review Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **INTRODUCTION**

The Executive Director (“Director”) of the Office of Public Guardianship (“Office”) manages the daily operations of the Office, under the supervision of the Office of Public Guardianship Commission (“Commission”). To assist the Commission in evaluating the Director’s performance, Office staff members are invited to submit comments on this form. The Commission’s evaluation will rely on a wide variety of information, and comments from staff will be one of several perspectives gathered.

This form presents a set of statements related to the Director’s duties to the public and Office staff. Commenters are asked to rate their agreement with each statement according to the following rating scale:

* Strongly Agree = 5
* Agree = 4
* Neutral = 3
* Disagree = 2
* Strongly Disagree = 1

Following each statement, there is space to provide written comments in support of the rating selected. The Commission encourages written comments to give a more complete staff member perspective to inform the evaluation of the Director. This form will not be shared with the Director, and comments included in the Commission’s comprehensive evaluation will not identify the individual staff member making the comment.

Please submit your completed form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. **EVALUATION**

Please read the following statements and rate your agreement with each statement according to the following scale:

* Strongly Agree = 5
* Agree = 4
* Neutral = 3
* Disagree = 2
* Strongly Disagree = 1

|  |
| --- |
| **The Director clearly communicates with me about my job responsibilities and I know what the Director expects of me in the performance of my duties.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

|  |
| --- |
| **The Director is available to discuss my questions and concerns; we work together to resolve issues related to my job responsibilities.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

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| --- |
| **The Director ensures that I have adequate training and education to perform my job responsibilities to the best of my ability; the Director in invested in my professional development.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

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| --- |
| **The Director operates the Office efficiently in order to maximize provision of public guardianship, including appropriately prioritizing referrals and delegating tasks among Office staff.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

|  |
| --- |
| **The Director communicates and administers Office policies and procedures consistently and fairly.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

|  |
| --- |
| **The Director maintains high standards of ethics and professionalism at all times in leadership and operation of the Office.** |
| Strongly Disagree Disagree Neutral Agree Strongly Agree  1 2 3 4 5 |
| Comments: |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_