



**FRN Director/Coordinator Performance Review  
Employee Information**

<b>Name</b>		<b>Date</b>	
<b>Review Period</b>		<b>Completed by:</b>	

	Unsatisfactory	Needs Improvement	Average	Above Average	Excellent
Rate the understanding of the purpose of the FRN by the Director.					
How well does the FRN Director communicate that understanding to others in the community and stimulate FRN Participation?					
How dependable is the FRN Director in completing assignments and meeting deadlines? <i>(This includes timely grant reports under minimal supervision)</i>					
How informed is your FRN Director of available resources and trends/developments affecting the FRN?					
How well does your FRN Director supervise interns and volunteers?					
Rate your FRN Director's listening and communication skills.					
How well does the FRN plan, organize and use their time efficiently to set and reach goals and objectives?					
What is the ability of the FRN Director to make sound decisions, follow the direction of the board and community members and providers to include them in the planning and decision making process?					
How well does your FRN Director accept criticism and feedback including how well they adapt their approach or method to best fit the situation?					
How well does your FRN Director keep the board advised of necessary information and unusual situations and work with the board to develop as an employee?					
How well does your FRN Director prioritize and plan effectively, working in an organized manner?					
How well does the FRN Director pursue additional resources such as grants, in kind donations, etc?					
How well does your FRN Director perform in regards to staffing the Board of Directors and facilitating membership and committee meetings? <i>(This includes preparation of agenda notices and minutes, if applicable)</i>					

**Highlights of Performance Period:**

**Board Comments:**

**FRN Director/Coordinator Comments:**

**Goals/Improvements:**

**Verification of Review**

*By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.*

Employee Signature		Date	
Board Reviewer Signature		Date	