

PERFORMANCE EVALUATION PROGRAM

for the

GENERAL MANAGER/CHIEF OPERATING OFFICER

PREMIER

Club Services

**A PRODUCT OF THE PREMIER CLUB SERVICES DEPARTMENT
CLUB MANAGERS ASSOCIATION OF AMERICA**

**This document was created with the assistance of
the CMAA National Headquarters, a Project Task Force
of club managers and Merback Consulting Associates.**

PERFORMANCE EVALUATION PROGRAM

for the

DEPARTMENT MANAGER

PREMIER

Club Services

**A PRODUCT OF THE PREMIER CLUB SERVICES DEPARTMENT
CLUB MANAGERS ASSOCIATION OF AMERICA**

**This document was created with the assistance of
the CMAA National Headquarters, a Project Task Force
of club managers and Merback Consulting Associates.**

PERFORMANCE EVALUATION PROGRAM

for

NON-MANAGEMENT STAFF

PREMIER

Club Services

**A PRODUCT OF THE PREMIER CLUB SERVICES DEPARTMENT
CLUB MANAGERS ASSOCIATION OF AMERICA**

**This document was created with the assistance of
the CMAA National Headquarters, a Project Task Force
of club managers and Merback Consulting Associates.**

INTRODUCTION

The purpose of this document is to help general managers/chief operating officers (G.M./COO) develop Performance Evaluation Programs for their clubs or to improve upon existing programs. Periodic, written evaluation of employee performance is an essential management function — whether running a club or any other kind of business. Unfortunately, many clubs do not currently have effective programs or their programs do not cover all employees. The tools presented in this document can be used by clubs to evaluate the performance of their department managers and staff as well as the G.M./COO.

The goal of this Performance Evaluation Program is to provide procedures and forms that will help clubs develop objective, timely, comprehensive and well-documented performance feedback processes. It is based upon the concepts of “360-Degree Performance Appraisal,” a relatively new methodology that has already proven to be more objective and meaningful than traditional “superior to subordinate” evaluation.

The focus of the program is **improvement**. It is not intended to be used directly to determine pay, promotions, disciplinary actions, etc. When the program is used properly, it can help employees:

- Improve member service
- Better understand performance expectations
- Increase effectiveness and productivity
- Improve morale, motivation and commitment

METHODOLOGY

The evaluation methodology consists of the following key elements:

Performance Evaluators

Employee performance is rated not only by the direct supervisor but also by others who have had meaningful, working contact with the employee during the evaluation period. This is usually a group of 5 to 10 people that includes peers and subordinates as well as the employee’s “customers” (board members, other club members, vendors, etc.). The employee also prepares a self-evaluation.

Confidentiality of Evaluators

Some employees could have concerns about evaluating another employee’s performance, particularly if that person is a superior or peer. Therefore, it is suggested that – at least initially – an evaluator be able to keep his/her identity confidential. This should help alleviate any concerns and encourage more objectivity and candor. Experience indicates, however, that if the evaluation process is properly used — to help employees develop their skills and improve their performance, rather than to discipline or determine pay changes — the desire for confidentiality diminishes and disappears over time.

Evaluation Process

All evaluations are summarized and, together with the employee's self evaluation, used as the basis for a formal performance review meeting between the supervisor and the employee. The meeting should focus not only on the employee's performance during the past period but also on their achievement of predefined goals for performance improvement and personal development. New goals for the next period should also be established.

Timing

The program is most effective if performance evaluations are performed at least twice a year and not linked to pay adjustments or promotions. In addition, club operations are less disrupted if employees are evaluated at different times during the year. Therefore, it is suggested that each employee be evaluated during the month of their employment anniversary or birthday and each six months thereafter.

Responsibility

Even the best program will not be effective if periodic performance evaluations are not actually conducted. With the demands of day-to-day operations and the stress (real or perceived) of evaluating employee performance, the program can easily be forgotten or allowed to slip. Both the employee and the supervisor should ensure this does not happen.

As an added safeguard, it is suggested an individual be designated as a "program administrator," responsible for maintaining an employee roster and an evaluation calendar. The program administrator may also have a role in the process itself — receiving completed employee evaluation forms, following-up on late forms, possibly summarizing the factor ratings, and forwarding the package to the supervisor. The administrator would also help maintain the confidentiality of evaluator identities, if so desired.

PROCEDURES

Evaluation of G.M./COO performance should be closely linked to the club's strategic plan and/or the "Performance Goals/Expectations Document" — a CMAA Premier Club Services product being used by many clubs around the country. Performance Goals/Expectations help define what the G.M./COO should accomplish, while the performance evaluation process measures how well those goals/expectations were met.

Specific procedures for evaluating G.M./COO performance are described below.

Selection of Evaluators

The G.M./COO's immediate superior (e.g., the club president, chairman of the board, executive committee chairman, etc.) should be one of the evaluators and should be the

individual conducting the final review meeting. Other evaluators should include members of the club board as well as several department managers and selected staff personnel. If desired and appropriate, other club members and/or club vendors could also be asked to evaluate the G.M./COO's performance in selected areas.

The G.M./COO and his/her immediate superior should jointly select the individuals who will participate in the evaluation process. The G.M./COO should first prepare a list of individuals with whom he/she has had meaningful, working contact during the evaluation period. The list should then be discussed with the superior and they should jointly select 5 to 10 people.

Evaluation Forms

Four sets of G.M./COO evaluation forms are used:

- Board Member Evaluation – Used by the G.M./COO's immediate superior as well as other board members selected to complete an evaluation.
- Manager, Staff, "Customer" Evaluation – Used by department managers, staff personnel, club members and/or vendors selected to participate in the evaluation process. This form is the same as the "Board Member Evaluation" form but the "Importance/Weight" columns are omitted since these individuals are typically not in a position to determine the relative importance of each factor.
- Self Evaluation – Used by the G.M./COO. This form is the same as the "Board Member Evaluation" but a fourth page, addressing performance goals/expectations and personal development goals, has been added.
- Evaluation Summary – Used to summarize all evaluations (except the self evaluation). This form is the same as the "Self Evaluation" form except, after each factor, space is provided to summarize evaluator "supporting comments."

Evaluation Factors

Numerous factors are defined for evaluating performance. These factors are grouped in three categories:

- Operating Performance
- Skills/Knowledge
- Personal Traits/Behavior

The factors used to evaluate Operating Performance are linked to the key issues in the "Performance Goals/Expectations Document." For example, to rate the G.M./COO's Food and Beverage performance (Operating Performance section under Member Services), the evaluator should consider:

- Amount of use
- Food/beverage quality
- Food/beverage costs
- Level/quality of service

This should include not only regular member use but also special member functions and sponsored private functions as well as new events/services that were offered. If a service is not offered by your club (e.g., yachting), the “Does Not Apply” box should be marked.

Clubs not having received the “Performance Goals/Expectations Document,” or those who not have implemented the associated planning process, can determine the issues associated with each evaluation factor by referring to the exhibit at the end of these procedures. (You may receive a free copy of the “Performance Goals/Expectations Document” by contacting the Premier Club Services Department at (703) 739-9500.)

Performance Rating

The evaluator should rate each performance factor by marking the box that best describes — in their personal opinion — the G.M./COO’s performance during the review period. The five levels used to rate performance are:

1. Performance consistently exceeds job requirements and expectations. Accomplishments and contributions to the club are exceptional.
2. Performance generally exceeds job requirements and expectations. Makes many valuable contributions to the club.
3. Performance consistently meets job requirements and expectations. Accomplishments and contributions are those which should be expected.
4. Performance meets most job requirements and expectations. Specific improvements are needed to achieve satisfactory performance.
5. Performance does not meet job requirements and expectations. Substantial improvements are necessary.

No Basis for Evaluation – The evaluator does not believe he/she has adequate information to objectively evaluate this aspect of performance.

Each factor’s rating, or set of ratings, should be supported by specific comments that explain the reason(s) for the rating and/or highlight examples.

Note that operating performance should be evaluated against realistic expectations, like those established in the “Performance Goals/Expectations Document.” It is not usually practical, or even desirable, to expect every service and operation to be “excellent.”

Importance/Weight

Over 20 factors are used to evaluate the G.M./COO’s Operating Performance. These factors can be put into perspective by determining, for your club, the “importance/weight” of each. “Critical” factors should be the primary focus of performance evaluation as well as the subsequent discussions of improvement goals/expectations.

If your club prepared a “Performance Goals/Expectations Document,” the importance of each issue was rated. These ratings should be the basis for determining the “importance/weight” of the associated performance evaluation factors.

Evaluation Summary

Evaluator ratings should be summarized either by the President/Chairman or by a designated individual, trusted to maintain the confidentiality of the information. For each performance factor, the number of evaluators marking each rating should be entered in, or just above, the appropriate box. Supporting comments should also be copied from each form and entered on the summary. The G.M./COO and the President/Chairman should each have a copy of the “Evaluation Summary” for use in the final review meeting.

Performance Evaluation Meeting

During the performance evaluation meeting, the G.M./COO and President/Chairman should discuss the results of the “360-degree performance appraisal” process in some detail. Strengths as well as weaknesses should be identified and explored. The most important issues identified during this process should be the basis for preparing the last page of the “Evaluation Summary” form.

Achievements, Goals and Suggestions

The last page of the “Self Evaluation” and “Summary Evaluation” forms focuses on key performance and personal development goals. This information is first developed by the G.M./COO during self-evaluation and then discussed with the president/chairman during the performance review meeting.

- **Achievement of Performance Goals/Expectations During Prior Period** – These goals should address the two to four most critical issues agreed upon by the G.M./COO and the President/Chairman during the last performance evaluation. They should be quantified and measurable so that actual results can be compared objectively. If the club has completed the “Performance Goals/Expectations Document,” these “Adequacy Ratings” should link directly.
- **Performance Goals/Expectations for Next Period** – These are the key goals, their relative importance (usually “critical”), quantifiable measures, and adequacy rating for the next evaluation period. The G.M./COO should prepare this list during self-evaluation and the President/Chairman should review/refine it, based on their own perspective and judgment. Differences of opinion should be discussed during the review meeting and, hopefully, a consensus reached. Unresolved differences should be explained in the comments section.
- **Achievement of Personal Development Goals During Prior Period** – These are the measurable goals and targets agreed upon during the last performance evaluation and a comparison to actual results. Examples of personal development goals could include completion of an education/training program, achievement of CCM status, improvement of an evaluation rating for a particular “personal trait/behavior,” etc.
- **Personal Development Goals for Next Period** – These are the goals, measures and targets for the next evaluation period.
- **Evaluation Comments** – Comments by the G.M./COO and/or the President/Chairman can be made here or on an attached page. The comments may elaborate or summarize specific points or document an area where an agreement could not be reached.

- Suggestions for Improving Service, Quality, Efficiency – This section provides an opportunity for the G.M./COO to formally suggest changes that he/she believes would improve club operations. These suggestions are initially entered on the self-evaluation form, discussed during the review meeting, modified as appropriate, and entered on the summary form.
- Signatures – Once the G.M./COO and President/Chairman complete the review meeting and agree on the evaluation results and next period goals, or agree to disagree, both should sign and date the summary form. The summary, the individual evaluations and the self-evaluation should be retained by the President/Chairman and become part of a permanent file. The G.M./COO should also retain a copy of these documents.

EVALUATION FACTORS/ISSUES

<u>EVALUATION FACTOR</u>	<u>ISSUES</u>
MEMBER SERVICES	REGULAR MEMBER USE SPECIAL MEMBER FUNCTIONS SPONSORED PRIVATE FUNCTIONS NEW EVENTS / SERVICES
Food and Beverage	Amount of Use Food/Beverage Quality Food/Beverage Costs Level/Quality of Service
Golf	Amount of Use Level/Quality of Service
Tennis/Racquet Sports	Amount of Use Level/Quality of Service
Water Sports	Amount of Use Level/Quality of Service
Yachting	Amount of Use Level/Quality of Service
Fitness	Amount of Use Level/Quality of Service
Guest Rooms	Amount of Use Level/Quality of Service
Other Services	Amount of Use Level/Quality of Service
FINANCIAL	
Daily Operations	Operating Surplus (Profit) Net Cash Flow Dues Amount Budgeting Procedures Number/Size of Budget Variances Operating Cost Controls

Risk Management/Insurance Programs

<u>EVALUATION FACTOR</u>	<u>ISSUES</u>
FINANCIAL (Continued)	
Capital Expenditures	Capital Improvement Assessments Planning/Budgeting Procedures Number/Size of Budget Variances Unplanned Expenditures Expenditure Controls
Balance Sheet	Amount/Growth of Owners' Equity Long-Range Financial Plans Long-Term Debt Amount/Terms Receivables Amount Inventory Amount/Controls
FACILITIES	
Overall Property	Site Location Site Size/Configuration
Clubhouse	Facility Size Facility Functionality/Condition Equipment/Furnishings Energy/Water Management Maintenance Housekeeping Security
Common Grounds	Design/Functionality Appearance/Maintenance Parking Adequacy
Golf Course	Pro Shop/Storage Facilities Course Layout Hole Design/Playability Cosmetics/Appearance Fairway Turf Tees/Greens Driving Range/Practice Green

<u>EVALUATION FACTOR</u>	<u>ISSUES</u>
FACILITIES (Continued)	
Tennis/Racquet Courts	Pro Shop/Storage Facilities Number/Type of Courts Lighting Playing Surfaces Fencing/Nets/Backboards/Etc. Maintenance
Water Sports	Guard Facilities/Storage Pool Size/Functionality Pool/Deck Condition Equipment/Furnishings Landscaping/Appearance Maintenance Housekeeping
Yachting	Docks Size/Number/Functionality Dry Docks/Hoists Grounds/Appearance Maintenance Housekeeping Security
Fitness	Facility Size/Functionality Equipment Number/Variety Equipment Maintenance Housekeeping
MEMBERSHIP	Number of Members Member Retention Rate Membership Diversity Community Relationships Club Prestige/Stature
OPERATIONS	Bylaws/Rules/Regulations Operating Policies/Procedures Data Processing Systems Purchasing Inventory Control Management Reports

<u>EVALUATION FACTOR</u>	<u>ISSUES</u>
PERSONNEL MANAGEMENT	Organizational Effectiveness Job Descriptions Dept. Managers Competence/Effectiveness Staff Employees Competence/Effectiveness Development/Training Programs Employee/Member Relations Employee Morale/Motivation Employee Evaluation Program Employee Compensation/Benefits Union Relations
LEGAL	Wage and Hour Law Compliance Labor Laws/EEO Compliance Immigration Laws Compliance Member Discrimination Compliance Local Ordinances/Regulatory Compliance Environmental Protection Compliance OSHA Requirements Compliance Public Accommodations Compliance Safety/Alcohol Liability

**PERFORMANCE EVALUATION for the
GENERAL MANAGER / CHIEF OPERATING OFFICER
Board Member Evaluation**

G.M. / COO: _____
 Evaluator: _____
 (Name Optional)

Date: _____

**OPERATING PERFORMANCE /
GOAL ACCOMPLISHMENT**

Does
Not
Apply

Performance				
(Exceed Expt)	(Meet)	(Need Improv)		
1	2	3	4	5

Importance / Wt.		
Critical	Impor- tant	Minor

MEMBER SERVICES									
Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
FINANCIAL									
Daily Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
FACILITIES									
Overall Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Facilities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
MEMBERSHIP									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
OPERATIONS									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
PERSONNEL MANAGEMENT									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
LEGAL									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									

G.M. / COO Board Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence & enforcement) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING (Recognition / analytical skills / solution definition / implementation) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE MANAGEMENT (Accepting change / implementation planning / meeting objectives on-time and on-budget) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.M. / COO Board Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALING WITH ISSUES (Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethics / honesty / sincerity / loyalty) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE EVALUATION for the
GENERAL MANAGER / CHIEF OPERATING OFFICER
Member, Manager, Staff Evaluation**

G.M. / COO: _____
 Evaluator: _____
 (Name Optional)

Date: _____

OPERATING PERFORMANCE

Does
Not
Apply

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

MEMBER SERVICES

Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FINANCIAL

Daily Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FACILITIES

Overall Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Facilities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

MEMBERSHIP

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Supporting Comments: _____

OPERATIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Supporting Comments: _____

PERSONNEL MANAGEMENT

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Supporting Comments: _____

LEGAL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Supporting Comments: _____

G.M. / COO Member, Manager, Staff Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence & enforcement) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING (Recognition / analytical skills / solution definition / implementation) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE MANAGEMENT (Accepting change / implementation planning / meeting objectives on-time and on-budget) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.M. / COO Member, Manager, Staff Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALING WITH ISSUES (Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethics / honesty / sincerity / loyalty) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE EVALUATION for the
GENERAL MANAGER / CHIEF OPERATING OFFICER
Self Evaluation**

Name: _____

Date: _____

**OPERATING PERFORMANCE /
GOAL ACCOMPLISHMENT**

Does
Not
Apply

Performance				
(Exceed Expt)	(Meet)	(Need Improv)		
1	2	3	4	5

Importance / Wt.		
Critical	Impor- tant	Minor

MEMBER SERVICES									
Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
FINANCIAL									
Daily Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
FACILITIES									
Overall Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Facilities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
MEMBERSHIP									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
OPERATIONS									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
PERSONNEL MANAGEMENT									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									
LEGAL									
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____									

G.M. / COO Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

<p>INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence & enforcement) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>PROBLEM-SOLVING (Recognition / analytical skills / solution definition / implementation) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>CHANGE MANAGEMENT (Accepting change / implementation planning / meeting objectives on-time and on-budget) <i>Supporting Comments:</i> _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.M. / COO Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALING WITH ISSUES (Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethics / honesty / sincerity / loyalty) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.M. / COO Self Evaluation

ACHIEVEMENT OF PERFORMANCE GOALS / EXPECTATIONS DURING PRIOR PERIOD

Goals	Importance	Measure	ADEQUACY RATING		
			Prior	Goal	Actual
1. _____	___	_____	___	___	___
2. _____	___	_____	___	___	___
3. _____	___	_____	___	___	___
4. _____	___	_____	___	___	___

PERFORMANCE GOALS / EXPECTATIONS FOR NEXT PERIOD

Goals	Importance	Measure	ADEQUACY RATING	
			Prior	Goal
1. _____	___	_____	___	___
2. _____	___	_____	___	___
3. _____	___	_____	___	___
4. _____	___	_____	___	___

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

Signature: _____

PERFORMANCE EVALUATION for the GENERAL MANAGER / CHIEF OPERATING OFFICER

Evaluation Summary

G.M. / COO: _____

Summarized By: _____

Date: _____

OPERATING PERFORMANCE / GOAL ACCOMPLISHMENT

Does
Not
Apply

Performance				
(Exceed Expt)	(Meet)	(Need Improv)		
1	2	3	4	5

Importance / Wt.		
Critical	Impor- tant	Minor

MEMBER SERVICES

Food and Beverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guest Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Services _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FINANCIAL

Daily Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital Expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FACILITIES

Overall Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clubhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf Course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis/Racquet Courts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yachting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Facilities _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

G.M. / COO Evaluation Summary

**OPERATING PERFORMANCE /
GOAL ACCOMPLISHMENT**
(Continued)

Does
Not
Apply

Performance				
(Exceed Expt)	(Meet)	(Need Improv)		
1	2	3	4	5

Importance / Wt.		
Critical	Impor- tant	Minor

MEMBERSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i>	_____								

OPERATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i>	_____								

PERSONNEL MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i>	_____								

LEGAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i>	_____								

G.M. / COO Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

<p>INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence & enforcement) <i>Supporting Comments:</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS / KNOWLEDGE

(Continued)

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PROBLEM-SOLVING

(Recognition / analytical skills / solution definition / implementation)

Supporting Comments: _____

CHANGE MANAGEMENT

(Accepting change / implementation planning / meeting objectives on-time and on-budget)

Supporting Comments: _____

G.M. / COO Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

<p>ATTITUDE</p> <p>(Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability)</p> <p>Supporting Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DEALING WITH ISSUES</p> <p>(Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness)</p> <p>Supporting Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>WORK HABITS</p> <p>(Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance)</p> <p>Supporting Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>PERSONAL VALUES</p> <p>(Integrity / ethics / honesty / sincerity / loyalty)</p> <p>Supporting Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G.M. / COO Evaluation Summary

ACHIEVEMENT OF PERFORMANCE GOALS / EXPECTATIONS DURING PRIOR PERIOD

Goals	Importance	Measure	ADEQUACY RATING		
			Prior	Goal	Actual
1. _____	___	_____	___	___	___
2. _____	___	_____	___	___	___
3. _____	___	_____	___	___	___
4. _____	___	_____	___	___	___

PERFORMANCE GOALS / EXPECTATIONS FOR NEXT PERIOD

Goals	Importance	Measure	ADEQUACY RATING	
			Prior	Goal
1. _____	___	_____	___	___
2. _____	___	_____	___	___
3. _____	___	_____	___	___
4. _____	___	_____	___	___

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

G.M. / COO: _____ **Date:** _____

President/Chairman: _____ **Date:** _____

INTRODUCTION

The goal of this Performance Evaluation Program is to help clubs develop objective, timely, comprehensive and well-documented performance feedback processes. It is based upon the concepts of “360-Degree Performance Appraisal,” a relatively new methodology that has already proven to be more objective and meaningful than traditional “superior to subordinate” evaluation.

The focus of the program is **improvement**. It is not intended to be used directly to determine pay, promotions, disciplinary actions, etc. When the program is used properly, it can help employees:

- Improve member service
- Better understand performance expectations
- Increase effectiveness and productivity
- Improve morale, motivation and commitment

METHODOLOGY

The evaluation methodology consists of the following key elements:

Performance Evaluators

Employee performance is rated not only by the direct supervisor but also by others who have had meaningful, working contact with the employee during the evaluation period. This is usually a group of 5 to 10 people that includes peers and subordinates as well as the employee’s “customers” (club members, vendors, etc.). The employee also prepares a self-evaluation.

Confidentiality of Evaluators

Some employees could have concerns about evaluating another employee’s performance, particularly if that person is a superior or peer. Therefore, it is suggested that – at least initially – an evaluator be able to keep his/her identity confidential. This should help alleviate any concerns and encourage more objectivity and candor. Experience indicates, however, that if the evaluation process is properly used — to help employees develop their skills and improve their performance, rather than to discipline or determine pay changes — the desire for confidentiality diminishes and disappears over time.

Evaluation Process

All evaluations are summarized and, together with the employee’s self evaluation, used as the basis for a formal performance review meeting between the supervisor and the employee. The meeting should focus not only on the employee’s performance during the past period but also on their achievement of predefined goals for performance improvement and personal development. New goals for the next period should also be established.

Timing

The program is most effective if performance evaluations are performed at least twice a year and not linked to pay adjustments or promotions. In addition, club operations are less disrupted if employees are evaluated at different times during the year. Therefore, it is suggested that each employee be evaluated during the month of their employment anniversary or birthday and each six months thereafter.

Responsibility

Even the best program will not be effective if periodic performance evaluations are not actually conducted. With the demands of day-to-day operations and the stress (real or perceived) of evaluating employee performance, the program can easily be forgotten or allowed to slip. Both the employee and the supervisor should ensure this does not happen.

As an added safeguard, it is suggested an individual be designated as a “program administrator,” responsible for maintaining an employee roster and an evaluation calendar. The program administrator may also have a role in the process itself — receiving completed employee evaluation forms, following-up on late forms, possibly summarizing the factor ratings, and forwarding the package to the supervisor. The administrator would also help maintain the confidentiality of evaluator identities, if so desired.

PROCEDURES

Specific procedures for evaluating employee performance are described below.

Selection of Evaluators

The employee’s immediate superior, usually the department manager, should be one of the evaluators and should be the individual conducting the final review meeting. Other evaluators should include other staff within the employee’s own department as well as managers and/or staff from other departments with whom the employee works. If desired and appropriate, the club president/committee members, other club members and/or club vendors could also be asked to evaluate the employee’s performance in selected areas.

The employee and the department manager should jointly select the individuals who will participate in the evaluation process. The employee should first prepare a list of individuals with whom he/she has had meaningful, working contact during the evaluation period. The list should then be discussed with the manager and they should jointly select 5 to 10 people.

Evaluation Forms

Three sets of employee evaluation forms are used:

- Periodic Evaluation – Used by all evaluators.
- Self Evaluation – Used by the employee. This form is the same as the “Periodic Evaluation” but a third page, addressing performance goals/expectations and personal development goals, has been added.
- Evaluation Summary – Used to summarize all evaluations (except the self evaluation). This form is the same as the “Self Evaluation” form except, after each factor, space is provided to summarize evaluator “supporting comments.”

Evaluation Factors

Numerous factors are defined for evaluating performance. These factors are grouped in three categories:

- Operating Performance
- Skills/Knowledge
- Personal Traits/Behavior

Performance Rating

The evaluator should rate each performance factor by marking the box that best describes — in their personal opinion — the employee’s performance during the review period. The five levels used to rate performance are:

1. Performance consistently exceeds job requirements and expectations. Accomplishments and contributions to the club are exceptional.
2. Performance generally exceeds job requirements and expectations. Makes many valuable contributions to the club.
3. Performance consistently meets job requirements and expectations. Accomplishments and contributions are those which should be expected of employees in this position.
4. Performance meets most job requirements and expectations. Specific improvements are needed to achieve satisfactory performance.
5. Performance does not meet job requirements and expectations. Substantial improvements are necessary.

No Basis for Evaluation – The evaluator does not believe he/she has adequate information to objectively evaluate this aspect of performance.

Each factor’s rating, or set of ratings, should be supported by specific comments that explain the reason(s) for the rating and/or highlight examples.

Evaluation Summary

Evaluator ratings should be summarized either by the department manager or the program administrator. For each performance factor, the number of evaluators marking each rating should be entered in, or just above, the appropriate box. Supporting comments should also be copied from each form and entered on the summary. The employee and the department manager should each have a copy of the “Evaluation Summary” for use in the final review meeting.

Performance Evaluation Meeting

During the performance evaluation meeting, the employee and department manager should discuss the results of the “360-degree performance appraisal” process in some detail. Strengths as well as weaknesses should be identified and explored. The most important issues identified during this process should be the basis for preparing the last page of the “Evaluation Summary” form, as described below.

Achievements, Goals and Suggestions

The last page of the “Self Evaluation” and “Summary Evaluation” forms focuses on key performance and personal development goals. This information is first developed by the employee during self-evaluation and then discussed with the department manager during the performance review meeting.

- Achievement of Performance Goals/Expectations During Prior Period – These goals should address the two to four most critical issues agreed upon by the employee and the department manager during the last performance evaluation. They should be quantified and measurable so that actual results can be objectively compared to the target. Examples could include:
 - Decrease errors on member charge tickets from 2% to 1%
 - Decrease food service complaints from two per hundred meals to one per hundred meals
 - Increase number of member lessons from 8 per month to 12 per month
 - Reduce average time equipment is “down” for repairs from 8 hours to 6 hours
 - Reduce instances of equipment rutting in fairways from 2 per month to zero
 - Eliminate complaints regarding litter around tennis courts
 - Reduce number of times employee is observed in dirty clothing from twice a month to zero
- Performance Goals/Expectations for Next Period – These are the key goals, quantifiable measures, and targets for the next evaluation period. The employee should prepare this list during self-evaluation and the department manager should review/refine it, based on their own perspective and judgment. Differences of opinion should be discussed during the review meeting and, hopefully, a consensus reached. Unresolved differences should be explained in the comments section.

- Achievement of Personal Development Goals During Prior Period – These are the measurable goals and targets agreed upon during the last performance evaluation and a comparison to actual results. Examples of personal development goals could include completion of an education/training program, becoming a member of a professional association, cross training in another position, improvement of an evaluation rating for a particular “personal trait/behavior,” etc.
- Personal Development Goals for Next Period – These are the goals, measures and targets for the next evaluation period.
- Evaluation Comments – Comments by the employee and/or the department manager can be made here or on an attached page. The comments may elaborate or summarize specific points or document an area where an agreement could not be reached.
- Suggestions for Improving Service, Quality, Efficiency – This section provides an opportunity for the employee to formally suggest changes that he/she believes would improve club operations. These suggestions are initially entered on the self-evaluation form, discussed during the review meeting, modified as appropriate, and entered on the summary form.
- Signatures – Once the employee and department manager complete the review meeting and agree on the evaluation results and next period goals, or agree to disagree, both should sign and date the summary form. The summary, the individual evaluations and the self-evaluation should be submitted to the program administrator and become part of the employee’s personnel file. The employee should also retain a copy of these documents.

PERFORMANCE EVALUATION for the DEPARTMENT MANAGER

Periodic Evaluation

Name: _____

Date: _____

Dept: _____

Evaluator: _____

(Name Optional)

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis for Eval- uation

OPERATING PERFORMANCE

MEMBER SERVICES

Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of Special Member Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of New Events / Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

SPONSORED PRIVATE FUNCTIONS

Sponsor Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Benefit to Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

PERSONNEL MANAGEMENT

Recruiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegating / Assigning Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Employee Capabilities / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Other Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring Accountability / Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and Solving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding, Directing, Counseling and Disciplining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Objectivity / Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Frequency / Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FINANCIAL

Operational Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Reporting -- Completeness & Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgetary Control / Variances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing / Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

Department Manager Periodic Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE

(Continued)

FACILITIES					
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

OPERATING PRACTICES					
Compliance with Bylaws / Rules / Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of Service Objectives & Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Fed'l, State, Local Legal Req'ts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities / Operations Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

Department Manager Periodic Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence to & enforcement) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING (Recognition / analytical skills / solution definition / implementation) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE MANAGEMENT (Accepting change / implementation planning / meeting objectives on-time and on-budget) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Manager Periodic Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALING WITH ISSUES (Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethics / honesty / sincerity / loyalty) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE EVALUATION for the DEPARTMENT MANAGER

Self Evaluation

Name: _____

Date: _____

Dept: _____

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis for Eval- uation

OPERATING PERFORMANCE

MEMBER SERVICES

Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of Special Member Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of New Events / Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

SPONSORED PRIVATE FUNCTIONS

Sponsor Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Benefit to Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

PERSONNEL MANAGEMENT

Recruiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegating / Assigning Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Employee Capabilities / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Other Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring Accountability / Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and Solving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding, Directing, Counseling and Disciplining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Objectivity / Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Frequency / Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

FINANCIAL

Operational Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Reporting -- Completeness & Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgetary Control / Variances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing / Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

Department Manager Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE

(Continued)

FACILITIES					
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

OPERATING PRACTICES					
Compliance with Bylaws / Rules / Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of Service Objectives & Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Fed'l, State, Local Legal Req'ts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities / Operations Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

Department Manager Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence to & enforcement) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING (Recognition / analytical skills / solution definition / implementation) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE MANAGEMENT (Accepting change / implementation planning / meeting objectives on-time and on-budget) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Manager Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEALING WITH ISSUES (Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethics / honesty / sincerity / loyalty) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Manager Self Evaluation

ACHIEVEMENT OF PERFORMANCE GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PERFORMANCE GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

Signature: _____

PERFORMANCE EVALUATION for the DEPARTMENT MANAGER

Evaluation Summary

Name: _____

Date: _____

Dept: _____

Summarized By: _____

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE

MEMBER SERVICES

Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of Special Member Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Variety of New Events / Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

SPONSORED PRIVATE FUNCTIONS

Sponsor Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount / Level of Service Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Benefit to Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

PERSONNEL MANAGEMENT

Recruiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegating / Assigning Roles & Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Employee Capabilities / Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Other Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promoting Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assuring Accountability / Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and Solving Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding, Directing, Counseling and Disciplining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Objectivity / Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perf. Evaluation Frequency / Timeliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

Department Manager Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE (Continued)

FINANCIAL					
Operational Economy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Reporting -- Completeness & Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budgetary Control / Variances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchasing / Inventory Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

FACILITIES					
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance / Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

OPERATING PRACTICES					
Compliance with Bylaws / Rules / Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies & Procedures Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Establishment of Service Objectives & Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with Fed'l, State, Local Legal Req'ts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities / Operations Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____					

Department Manager Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

<p>INTERPERSONAL RELATIONS (Ability to work / deal effectively with Board, committees, members, employees, vendors, community, etc.) <i>Supporting Comments:</i> _____ _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>JOB / INDUSTRY KNOWLEDGE (Breadth / depth / professional development) <i>Supporting Comments:</i> _____ _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>MANAGEMENT (Goal setting & planning / organizing & coordinating / delegating / controlling & follow-up / policies & procedures development, adherence to & enforcement) <i>Supporting Comments:</i> _____ _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>LEADERSHIP (Vision / setting example / team player / focus on excellence / results-oriented) <i>Supporting Comments:</i> _____ _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE
(Continued)

PROBLEM-SOLVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Recognition / analytical skills / solution definition / implementation)						
<i>Supporting Comments:</i> _____						

CHANGE MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Accepting change / implementation planning / meeting objectives on-time and on-budget)						
<i>Supporting Comments:</i> _____						

Department Manager Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Motivation / enthusiasm / dedication / sense of urgency / flexibility / adaptability)						
Supporting Comments: _____						

DEALING WITH ISSUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Judgment / objectivity / intelligence / common sense / initiative / imagination / creativity / acuteness / tenacity / perseverance / resilience / decisiveness)						
Supporting Comments: _____						

WORK HABITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Availability / accessibility / visibility / punctuality / time management / reliability / drive / capacity / stamina / stress tolerance)						
Supporting Comments: _____						

PERSONAL VALUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Integrity / ethics / honesty / sincerity / loyalty)						
Supporting Comments: _____						

Department Manager Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

(Continued)

STYLE / PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Tact / diplomacy / poise / sociability / awareness / maturity / stability / self-control / self-confidence / sensitivity / empathy / cooperativeness / persuasiveness / sense of humor)						
<i>Supporting Comments:</i> _____						

APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Dress / grooming / mannerisms)						
<i>Supporting Comments:</i> _____						

Department Manager Evaluation Summary

ACHIEVEMENT OF PERFORMANCE GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

PERFORMANCE GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

Goals	Measure	Target	Actual
1. _____	_____	_____	_____
2. _____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

Goals	Measure	Target
1. _____	_____	_____
2. _____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

Department Manager: _____

Date: _____

G.M./COO: _____

Date: _____

INTRODUCTION

The goal of this Performance Evaluation Program is to help clubs develop objective, timely, comprehensive and well-documented performance feedback processes. It is based upon the concepts of “360-Degree Performance Appraisal,” a relatively new methodology that has already proven to be more objective and meaningful than traditional “superior to subordinate” evaluation.

The focus of the program is **improvement**. It is not intended to be used directly to determine pay, promotions, disciplinary actions, etc. When the program is used properly, it can help employees:

- Improve member service
- Better understand performance expectations
- Increase effectiveness and productivity
- Improve morale, motivation and commitment

METHODOLOGY

The evaluation methodology consists of the following key elements:

Performance Evaluators

Employee performance is rated not only by the direct supervisor but also by others who have had meaningful, working contact with the employee during the evaluation period. This is usually a group of 5 to 10 people that includes peers and subordinates as well as the employee’s “customers” (board members, other club members, vendors, etc.). The employee also prepares a self-evaluation.

Confidentiality of Evaluators

Some employees could have concerns about evaluating another employee’s performance, particularly if that person is a superior or peer. Therefore, it is suggested that – at least initially – an evaluator be able to keep his/her identity confidential. This should help alleviate any concerns and encourage more objectivity and candor. Experience indicates, however, that if the evaluation process is properly used — to help employees develop their skills and improve their performance, rather than to discipline or determine pay changes — the desire for confidentiality diminishes and disappears over time.

Evaluation Process

All evaluations are summarized and, together with the employee’s self evaluation, used as the basis for a formal performance review meeting between the supervisor and the employee. The meeting should focus not only on the employee’s performance during the past period but also on their achievement of predefined goals for performance improvement and personal development. New goals for the next period should also be established.

Timing

The program is most effective if performance evaluations are performed at least twice a year and not linked to pay adjustments or promotions. In addition, club operations are less disrupted if employees are evaluated at different times during the year. Therefore, it is suggested that each employee be evaluated during the month of their employment anniversary or birthday and each six months thereafter.

Responsibility

Even the best program will not be effective if periodic performance evaluations are not actually conducted. With the demands of day-to-day operations and the stress (real or perceived) of evaluating employee performance, the program can easily be forgotten or allowed to slip. Both the employee and the supervisor should ensure this does not happen.

As an added safeguard, it is suggested an individual be designated as a “program administrator,” responsible for maintaining an employee roster and an evaluation calendar. The program administrator may also have a role in the process itself — receiving completed employee evaluation forms, following-up on late forms, possibly summarizing the factor ratings, and forwarding the package to the supervisor. The administrator would also help maintain the confidentiality of evaluator identities, if so desired.

PROCEDURES

Specific procedures for evaluating department manager performance are described below.

Selection of Evaluators

The department manager’s immediate superior, usually the G.M./COO, should be one of the evaluators and should be the individual conducting the final review meeting. Other evaluators should include the chairperson of the committee responsible for the manager’s department, other department managers and selected staff personnel from within the manager’s department. If desired and appropriate, the club president, other club members and/or club vendors could also be asked to evaluate the department manager’s performance in selected areas.

The department manager and his/her immediate superior should jointly select the individuals who will participate in the evaluation process. The manager should first prepare a list of individuals with whom he/she has had meaningful, working contact during the evaluation period. The list should then be discussed with the superior and they should jointly select 5 to 10 people.

Evaluation Forms

Three sets of department manager evaluation forms are used:

- Periodic Evaluation – Used by all evaluators.
- Self Evaluation – Used by the department manager. This form is the same as the “Periodic Evaluation” but a fifth page, addressing performance goals/expectations and personal development goals, has been added.
- Evaluation Summary – Used to summarize all evaluations (except the self evaluation). This form is the same as the “Self Evaluation” form except, after each factor, space is provided to summarize evaluator “supporting comments.”

Evaluation Factors

Numerous factors are defined for evaluating performance. These factors are grouped in three categories:

- Operating Performance
- Skills/Knowledge
- Personal Traits/Behavior

Performance Rating

The evaluator should rate each performance factor by marking the box that best describes — in their personal opinion — the department manager’s performance during the review period. The five levels used to rate performance are:

1. Performance consistently exceeds job requirements and expectations. Accomplishments and contributions to the club are exceptional.
2. Performance generally exceeds job requirements and expectations. Makes many valuable contributions to the club.
3. Performance consistently meets job requirements and expectations. Accomplishments and contributions are those which should be expected of a manager of this department.
4. Performance meets most job requirements and expectations. Specific improvements are needed to achieve satisfactory performance.
5. Performance does not meet job requirements and expectations. Substantial improvements are necessary.

No Basis for Evaluation – The evaluator does not believe he/she has adequate information to objectively evaluate this aspect of performance.

Each factor’s rating, or set of ratings, should be supported by specific comments that explain the reason(s) for the rating and/or highlight examples.

Evaluation Summary

Evaluator ratings should be summarized either by the G.M./COO or the program administrator. For each performance factor, the number of evaluators marking each rating should be entered in, or just above, the appropriate box. Supporting comments should also be copied from each form and entered on the summary. The department manager and the G.M./COO should each have a copy of the “Evaluation Summary” for use in the final review meeting.

Performance Evaluation Meeting

During the performance evaluation meeting, the department manager and G.M./COO should discuss the results of the “360-degree performance appraisal” process in some detail. Strengths as well as weaknesses should be identified and explored. The most important issues identified during this process should be the basis for preparing the last page of the “Evaluation Summary” form, as described below.

Achievements, Goals and Suggestions

The last page of the “Self Evaluation” and “Summary Evaluation” forms focuses on key performance and personal development goals. This information is first developed by the department manager during self-evaluation and then discussed with the G.M./COO during the performance review meeting.

- Achievement of Performance Goals/Expectations During Prior Period – These goals should address the two to four most critical issues agreed upon by the department manager and the G.M./COO during the last performance evaluation. They should be quantified and measurable so that actual results can be objectively compared to the target. Examples could include:
 - Maintain food costs at no more than a 35% of revenue
 - Decrease food quality complaints from two per hundred meals to one per hundred meals
 - Increase Health Department sanitation rating from 87% to 95%
 - Increase member participation in scheduled tournaments from an average of 87 per tournament to 110
 - Increase number of member lessons from 14 per month to 25 per month
 - Reduce average time to complete repair work orders from 2 days to 6 hours
 - Increase fairway aeration frequency to six times per year
 - Increase greens mowing frequency from six days per week to seven
 - Mail all member statements no later than the second working day of each month
- Performance Goals/Expectations for Next Period – These are the key goals, quantifiable measures, and targets for the next evaluation period. The department manager should prepare this list during self-evaluation and the G.M./COO should review/refine it, based on their own perspective and judgment. Differences of opinion should be discussed during the review meeting and, hopefully, a consensus reached. Unresolved differences should be explained in the comments section.

- Achievement of Personal Development Goals During Prior Period – These are the measurable goals and targets agreed upon during the last performance evaluation and a comparison to actual results. Examples of personal development goals could include completion of an education/training program, becoming a member of a professional association or increasing the number of association meetings attended, improvement of an evaluation rating for a particular “personal trait/behavior,” etc.
- Personal Development Goals for Next Period – These are the goals, measures and targets for the next evaluation period.
- Evaluation Comments – Comments by the department manager and/or the G.M./COO can be made here or on an attached page. The comments may elaborate or summarize specific points or document an area where an agreement could not be reached.
- Suggestions for Improving Service, Quality, Efficiency – This section provides an opportunity for the department manager to formally suggest changes that he/she believes would improve club operations. These suggestions are initially entered on the self-evaluation form, discussed during the review meeting, modified as appropriate, and entered on the summary form.
- Signatures – Once the department manager and G.M./COO complete the review meeting and agree on the evaluation results and next period goals, or agree to disagree, both should sign and date the summary form. The summary, the individual evaluations and the self-evaluation should be submitted to the program administrator and become part of the manager’s personnel file. The manager should also retain a copy of these documents.

**PERFORMANCE EVALUATION for
NON-MANAGEMENT STAFF
Periodic Evaluation**

Name: _____
Dept: _____

Date: _____
Evaluator: _____
(Name Optional)

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE

MEMBER SERVICES						
Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality / Accuracy / Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Work Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____ _____						
WORK PRACTICES						
Follows Policies, Procedures & Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Directions / Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Supervisor Informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns Quickly & Accepts Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Area Clean and Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Safe Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____ _____						

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS						
(Ability to work / deal effectively with members, superiors, other employees, vendors, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____ _____						
COMMUNICATIONS						
(Writing, speaking and listening skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____ _____						
JOB KNOWLEDGE / SKILLS						
(Understands job requirements, continues to increase knowledge and skills)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____ _____						

Non-Management Staff Periodic Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Self-motivated / enthusiastic / dedicated / sense of urgency / flexible / adaptable / supportive) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECISION-MAKING (Judgment / objectivity / intelligence / common sense / initiative / creativity / perseverance / decisiveness) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Attendance / punctual / dependable / conscientious / drive / tolerant to stress / team player) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethical / honest / sincere / loyal) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Professional / tactful / diplomatic / courteous / mature / self-confident / sensitive / cheerful / sense of humor) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE EVALUATION for
NON-MANAGEMENT STAFF
Self Evaluation**

Name: _____
Dept: _____

Date: _____

OPERATING PERFORMANCE

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

MEMBER SERVICES						
Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality / Accuracy / Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Work Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____						

WORK PRACTICES						
Follows Policies, Procedures & Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Directions / Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Supervisor Informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns Quickly & Accepts Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Area Clean and Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Safe Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Supporting Comments:</i> _____						

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Ability to work / deal effectively with members, superiors, other employees, vendors, etc.)						
<i>Supporting Comments:</i> _____						

COMMUNICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Writing, speaking and listening skills)						
<i>Supporting Comments:</i> _____						

JOB KNOWLEDGE / SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Understands job requirements, continues to increase knowledge and skills)						
<i>Supporting Comments:</i> _____						

Non-Management Staff Self Evaluation

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR

ATTITUDE (Self-motivated / enthusiastic / dedicated / sense of urgency / flexible / adaptable / supportive) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DECISION-MAKING (Judgment / objectivity / intelligence / common sense / initiative / creativity / perseverance / decisiveness) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK HABITS (Attendance / punctual / dependable / conscientious / drive / tolerant to stress / team player) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERSONAL VALUES (Integrity / ethical / honest / sincere / loyal) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STYLE / PERSONALITY (Professional / tactful / diplomatic / courteous / mature / self-confident / sensitive / cheerful / sense of humor) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPEARANCE (Dress / grooming / mannerisms) <i>Supporting Comments:</i> _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Non-Management Staff Self Evaluation

ACHIEVEMENT OF PERFORMANCE GOALS DURING PRIOR PERIOD

	Goals	Measure	Target	Actual
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PERFORMANCE GOALS FOR NEXT PERIOD

	Goals	Measure	Target
1.	_____	_____	_____
2.	_____	_____	_____

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

	Goals	Measure	Target	Actual
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

	Goals	Measure	Target
1.	_____	_____	_____
2.	_____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

Signature: _____

**PERFORMANCE EVALUATION for
NON-MANAGEMENT STAFF
Evaluation Summary**

Name: _____

Date: _____

Dept: _____

Summarized By: _____

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

OPERATING PERFORMANCE

MEMBER SERVICES

Member Satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Quality / Accuracy / Thoroughness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amount of Work Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timeliness of Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

WORK PRACTICES

Follows Policies, Procedures & Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Directions / Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Supervisor Informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learns Quickly & Accepts Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Area Clean and Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows Safe Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Comments: _____

SKILLS / KNOWLEDGE

INTERPERSONAL RELATIONS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

(Ability to work / deal effectively with members, superiors,
other employees, vendors, etc.)

Supporting Comments: _____

Non-Management Staff Evaluation Summary

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

SKILLS / KNOWLEDGE

(Continued)

<p>COMMUNICATIONS (Writing, speaking and listening skills) <i>Supporting Comments:</i> _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>JOB KNOWLEDGE / SKILLS (Understands job requirements, continues to increase knowledge and skills) <i>Supporting Comments:</i> _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL TRAITS / BEHAVIOR

<p>ATTITUDE (Self-motivated / enthusiastic / dedicated / sense of urgency / flexible / adaptable / supportive) <i>Supporting Comments:</i> _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>DECISION-MAKING (Judgment / objectivity / intelligence / common sense / initiative / creativity / perseverance / decisiveness) <i>Supporting Comments:</i> _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>WORK HABITS (Attendance / punctual / dependable / conscientious / drive / tolerant to stress / team player) <i>Supporting Comments:</i> _____ _____ _____ _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Performance				
(Exceeds Expect.)	(Meets)	(Needs Improve.)		
1	2	3	4	5

No Basis
for Eval-
uation

PERSONAL TRAITS / BEHAVIOR
(Continued)

PERSONAL VALUES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Integrity / ethical / honest / sincere / loyal)						
<i>Supporting Comments:</i> _____						

STYLE / PERSONALITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Professional / tactful / diplomatic / courteous / mature / self-confident / sensitive / cheerful / sense of humor)						
<i>Supporting Comments:</i> _____						

APPEARANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Dress / grooming / mannerisms)						
<i>Supporting Comments:</i> _____						

Non-Management Staff Evaluation Summary

ACHIEVEMENT OF PERFORMANCE GOALS DURING PRIOR PERIOD

	Goals	Measure	Target	Actual
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PERFORMANCE GOALS FOR NEXT PERIOD

	Goals	Measure	Target
1.	_____	_____	_____
2.	_____	_____	_____

ACHIEVEMENT OF PERSONAL DEVELOPMENT GOALS DURING PRIOR PERIOD

	Goals	Measure	Target	Actual
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

PERSONAL DEVELOPMENT GOALS FOR NEXT PERIOD

	Goals	Measure	Target
1.	_____	_____	_____
2.	_____	_____	_____

EVALUATION COMMENTS: _____

SUGGESTIONS for Improving Service, Quality, Efficiency: _____

Staff Member: _____

Date: _____

Department Manager: _____

Date: _____

GENERAL MANAGER/C.O.O.

KNOWLEDGE/SKILLS

Interpersonal Relations

- Board
- Committees
- Members
- Employees
- Others (Vendors, Community, Industry, Etc.)

Communications

- Writing
- Speaking
- Listening

Management/Leadership

- Goal Setting & Planning
- Organizing/Coordinating
- Delegating
- Controlling & Follow-Up
- Policies/Procedures
 - Development
 - Knowledge
 - Adherence
 - Support/Enforcement

Problem Solving

- Recognition
- Analyses
- Solution Definition
- Implementation

Change Management

- Acceptance
- Implementation Planning
- Implementation
 - Meet Objective
 - On Time
 - On Budget

Job/Industry Knowledge

- Breadth
- Depth

PERSONAL TRAITS/BEHAV.

Attitude

- Motivation
- Enthusiasm
- Flexibility/Adaptability
- Sense of Urgency

Dealing With Issues

- Judgment
- Objectivity
- Common Sense
- Intelligence
- Initiative
- Imagination/Creativity
- Acuteness
- Tenacity/Perseverance
- Resilience
- Decisiveness

Work Habits

- Availability/Accessibility
- Visibility
- Punctuality
- Drive/Capacity
- Stress Tolerance/Stamina
- Dependability
- Dedication

Relationships/Impact on Others

- Tact & Diplomacy
- Cooperativeness
- Maturity
- Poise
- Awareness
- Sociability
- Self-Control
- Self-Confidence
- Sensitivity/Empathy
- Persuasiveness
- Sense of Humor

Personal Values

- Integrity
- Ethics
- Honesty
- Sincerity
- Reliability
- Loyalty

Image

- Dress
- Grooming
- Mannerisms

- Vision
- Strive for Excellence
- Results-Oriented