**Title Promotion Evaluation Criteria & Evaluator Comments Form**

**Name:**  **County/District:**

**Title being sought:**  **Associate Agent (CED)**  **Agent (CED)**

| **Leadership and Employee Development** | | |
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| No evidence of providing leadership, support or direction to employees. | Provided leadership and direction for county staff and programs; motivated and supported staff members to achieve goals, and meet organizational requirements. | Evidence of modeling behavioral and performance expectations for staff to promote an environment of professionalism and efficiency in the county office. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of helping employees seek out professional development opportunities. | Took an active role in identifying professional development needs of staff and finding ways to address them. | Promoted employee professional development that provided advanced skill development, leadership development, and career growth. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of promoting a team environment. Not prepared or willing to resolve conflict. | Evidence of actively promoting a work environment where staff work together to complete tasks. Effectively managed conflict and promoted a positive work environment. | Fostered an environment that rewarded teamwork. Proactively identified and managed potential conflicts to prevent disagreements from arising. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: |  |  |
| No evidence of supporting employees to plan and deliver relevant and effective research-based programming. | Evidence of coaching and supporting staff for needs assessment, program planning, program delivery, evaluation and reporting. Routinely reviewed evaluation and reporting data. | Actively encouraged cross program planning efforts to meet the needs of the county. Worked with staff to engage program advisory committees in programming process. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: |  |  |

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| **Financial Management** | | |
| No evidence of securing additional funding to support Extension programming opportunities. | Obtained additional funding through traditional (budget requests) or nontraditional (grants/donations) sources to strengthen or expand Extension programming opportunities. | Secured substantial or ongoing funding to expand programming. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of securing additional resources to enhance county program. | Secured equipment, space, supplies and/or technology to enhance the county program. | Secured substantial resources to enhance the county program. Secured resources from new or nontraditional sources. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of appropriately managing funds or using Eventbrite. | Appropriately managed budgeted funds without incurring expense overruns. Worked with staff to appropriately manage receipts/ expenditures from the Eventbrite registration system. | Developed innovative techniques for reducing costs and carried plan through to a successful completion. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |

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| **Marketing, Internal/External Relations and Community Engagement** | | |
| No evidence of effectively using appropriate public relations strategies. | Provided leadership to plan and coordinate public relations strategies to build awareness and a positive image and appreciation for Extension programs in the community. | Evidence of increased program participation, increased funding, or increased partnerships directly resulting from implemented public relations strategies. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| Value of Extension programming was not effectively shared with stakeholders. | Shared the value of Extension programming with stakeholders (county partners, elected officials and community leaders, etc.). Actively engaged the County Advisory Council to develop advocacy efforts on behalf of the County Extension Center. | Shared information about the value of Extension programming and/or advocacy by the County Advisory Council with stakeholders led to increased resources or support. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of partnerships enhancing Extension’s engagement. | Fostered strategic partnerships resulting in enhanced Extension engagement in the county. | Strategic partnerships led to increased funding, new programming opportunities or opportunities to engage with new audiences in the community. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |

| **Extension Program** | | |
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| No evidence of program planning based on the identification of community needs. | Identified and substantiated a compelling need for the program by engaging program advisory committees, clientele, and other stakeholders. | Evidence of data informed collaborative efforts to prioritize local needs that align with Extension state priorities, expertise, and emerging issues. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| No evidence of systematic planning or rationale for why program activities would lead to behavioral change or evidence of a comprehensive approach and/or selection of appropriate educational strategies or methods. | Used a program planning framework to plan and implement a comprehensive program with articulated links between program activities and program outcomes. Utilized appropriate educational strategies and teaching methods to deliver timely, research-based programs and services to help clientele solve identified issue. | Innovative educational programs planned using timely research-based resources. Evidence of multiple strategies to accommodate different learning styles and the use of multiple tiered methods that reinforce learning. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| Programs seldom achieved outcomes or results. | Program resulted in documented outcomes (changes in target audiences’ knowledge, application of practice, or behavioral change). | Evidence that programs resulted in the application of a practice or behavioral change. Social, economic, or environmental outcomes were provided or estimated for one or more measures. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |
| Lacks supporting data and success stories to adequately show programmatic outcomes. | Provided data including graphs and tables where appropriate and included a sample of success stories to show programmatic outcomes. | Data provides strong support of program impact and adds to the readability of the narrative. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |

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| **Professional Development** | | |
| Rarely took advantage of learning opportunities to further develop skills and capabilities. Did not apply learned skills. | Applied attended professional development to improve the operation the county center, the work performance of employees, leadership abilities, or Extension program. | Shared learned knowledge and skills gained from professional development with others to increase the overall performance of the county center or of peers. |
| **Needs Improvement** | **Good** | **Excellent** |
| Comments: | | |

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| **Other** | |
| Leadership roles in professional associations, evidence of training or in-service education gained, formal coursework, working in teams, and service to the university or the county. | **Needs Improvement  Good  Excellent** |
| Training or application of knowledge in the area of diversity, equity and inclusion | **Needs Improvement  Good  Excellent** |
| Degrees, honors, awards, presentations, publications, recognitions, affiliations that enhance professional development. | **Needs Improvement  Good  Excellent** |
| Comments: | |

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| **Overall Comments and/or Areas for Improvement:** |
| Comments: |

**Recommend to promote: Yes**  **No**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**