Member Evaluation of Commission Committee, Subcommittee, Panel and Task Force Chairs

Directions: To help the Commission improve the effectiveness of its Committee, Subcommittee, Panel and Task Force Chairs and its operations, please take the needed time to complete this evaluation and provide it to the Commission Chair.

Name of Committee, Subcommittee, Panel or Task Force ________________________________

Name of Chair being evaluated________________ Date of Evaluation ______________________

Based on your experience serving on the above named group, please rate the effectiveness of the above named Chair on the following items from 1 to 5, with 5 being very effective to 1 being very ineffective. If you rated any item with a 1 or 2 please provide details why in the space provided. NA – Not applicable

Planning meetings

Conducting meetings

Technical competence

Quality of work assigned work

Timeliness of completion of work

Overall effectiveness

If any of the items are rated with a 1 or 2, please explain why.

Chair’s strengths

Recommendation(s) to improve overall effectiveness

Revision History:
Last Revision: 11/15/2013