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

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

**New Title:**  [ ]  **Program Associate**  [ ]  **Technician II**

|  |
| --- |
| **Program Planning** |
| No evidence of program planning and/or no data to support the need for the program. | Reviewed data and interacted with advisory committee and/or stakeholders to identify and prioritizing community needs for the program. Data supports a need for the program. | Evidence of collaborative planning across program areas or with partners or stakeholder groups to identify and prioritize program and community needs.  |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence of collaboration with internal or external groups or partners to establish programs. | Established positive relationships with internal and/or external partners to plan and establish programs.  | Maintained positive relationships with internal and external partners to meet additional needs and/or reach previously underserved audiences. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence of defined program goals or objectives. Educational programs were not appropriate to achieve goals or objectives or were not appropriate for the target audience or the needs of the community.  | Evidence that appropriate educational programs were planned based on the target audience, identified goals and objectives and the identified needs of the community. | Clearly defined logic presented to link the problem, activities, and outcomes based on an articulated theory of change. Innovative educational programs were planned that expanded programming to new audiences and/or addressed emerging problems. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |  |  |
| No evidence of additional funding or resources to support the program. | Applied for and secured some additional funding and/or resources to support the program. | Secured significant or ongoing funding and/or resources to support the program.  |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |

|  |
| --- |
| **Program Delivery** |
| No evidence of effective use of teaching strategies or of effective use of current technology in program delivery. | Used effective and appropriate educational strategies and teaching methods for the audience. Used current technology to create improved learning environments and promote the comprehension of subject matter by participants. | Evidence of strategies to accommodate different learning styles and the use of multiple activities that reinforce lesson objectives. Adopted relevant new technology to enhance learning. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence of effectively promoting programs and engaging a diverse group of participants from the target population. | Implemented strategies for marketing programs and opportunities to target audiences using appropriate channels of communication to reach potential audiences. | Evidence of engaging new audiences as a result of innovative marketing efforts. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence of collaboration with external groups or partners to deliver programs. | Established positive relationships with partners and participated in joint programming efforts.  | Maintained positive relationships with partners and participated in joint programming efforts to meet additional needs and/or reach previously underserved audiences. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence of using volunteers to assist with program delivery. | Recruited, trained and used volunteers to assist in program delivery.  | Provided opportunities for volunteers to assume leadership roles.  |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |

|  |
| --- |
| **Program Results** |
| Did not evaluate teaching effectiveness and/or did not use evaluation results to improve teaching effectiveness. | Evaluated effectiveness of teaching methods and made adjustments as appropriate to meet participant needs. | Based on evaluation feedback, participated in professional development to develop skills in identified areas.  |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| Programs seldom achieved intended impacts or results. | Evidence that programs resulted in increases in knowledge, and some evidence that programs led or will lead to practice and/or behavioral change.  | Evidence that programs resulted in the application of a practice or behavioral change. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| Lacks supporting data and success stories to adequately show programmatic impact. | Provided data, including graphs and tables, where appropriate and included a sample of success stories to show programmatic impact. | Included data provides strong support of program impact and adds to the readability of the narrative.  |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |
| No evidence the program is valuable to the community or meets an identified need.  | Described the public value the Extension program provides to the community. | Provided strong evidence that the program has a positive impact on the community. |
|  [ ]   **Needs Improvement**  |  [ ]   **Good** |  [ ]   **Excellent** |
| Comments:       |

|  |
| --- |
| **Other** |
| Professional development activities to increase knowledge and effectiveness. | **[ ]  Needs Improvement [ ]  Good [ ]  Excellent** |
| Teamwork and/or involvement in professional associations. | **[ ]  Needs Improvement [ ]  Good [ ]  Excellent** |
| Honors and awards received. | **[ ]  Needs Improvement [ ]  Good [ ]  Excellent** |
| Comments:       |

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

**Recommend to promote: Yes** **[ ]  No** **[ ]**

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