BOARD ANNUAL *SELF* EVALUATION

The purpose of this form is to increase each Director's awareness of his or her own level of performance. **Your evaluation is personal and need not be shared with anyone else.** If you want to discuss your self evaluation with the board president or executive director, the option is available.

Rate your performance on a scale of 1 to 5 where 1 means very satisfactory and 5 is not satisfactory.

I. COMMITMENT

	Always			**Never**	
A. I review the board information prior to each meeting.	1	2	3	4	5
B. Attendance at board meetings is a high priority for me.	1	2	3	4	5
C. I do my best to avoid interruptions from other business or personal matters during board meetings.	1	2	3	4	5

II. UNDERSTANDING MY ROLE

A. Once a decision has been reached, I support the board decision.	1	2	3	4	5
B. I respect confidential information, discussions and documents	1	2	3	4	5
C. I am willing to express my own views during board meetings.	1	2	3	4	5
D. I show respect for opinions expressed by others.	1	2	3	4	5
E. I listen thoughtfully to board discussions and presentations and avoid distracting side-bar conversations.	1	2	3	4	5

III. DECISION-MAKING

A. I strive to have necessary information prior to decision making.	1	2	3	4	5
B. I am willing to make appropriate risk-taking decisions.	1	2	3	4	5
C. My individual viewpoint is given due consideration.	1	2	3	4	5
D. I can state my viewpoints clearly and concisely.	1	2	3	4	5
E. My decisions are based on the best interest of the organization.	1	2	3	4	5

IV. PERSONAL CHARACTERISTICS

		Always				**Never**
A.	I follow through on commitments that I make.	1	2	3	4	5
B.	I am tactful in my board relationships.	1	2	3	4	5
C.	I am sensitive to the feelings of other members of the board.	1	2	3	4	5
D.	My participation as a Director is important to me.	1	2	3	4	5

V. GOALS

My goals for improving my own performance as a member of the Board over the next 12 months are as follows:

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Thank you for taking the time to think about your service as a member of the Board of Directors.

Date: _____