## Cooperative Extension Service

# Performance Appraisal County Extension Agent Reporting Form

Name _____

County _____ Date _____

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RESEARCH & EXTENSION
*University of Arkansas System*

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# *Performance Appraisal Reporting Form*

## I. Needs Assessment Program Planning and Development

Only list committees that you use to help set program priorities and create IPOW.

| Name of Committee | Attendance | Minutes | |
|---|---|---|---|
| | | Yes | No |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
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| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |
| | | ☐ | ☐ |

Have you submitted your subcommittee top five program priorities? ☐ Yes ☐ No

List Your Partners and Collaborators

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

## II. Program Implementation/Evaluation

List **MAJOR** programs and educational activities you implemented.

| Date | Educational/ Outreach Program | Number Attending | Number of Sessions | Teaching Method | Evaluation Data Collection | Teaching Role | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |
| | | | | -- | -- | ☐ | ☐ |

***Visits and Participants*** **(should only report once)**

| Number of Site/Farm/Home Visits | Number of District O-Rama Participants | Number of State O-Rama Participants |
|---|---|---|
| | | |

Agriculture agent demonstrations

| Name of Demonstration | Cooperating Producer | Results Shared |
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## Technology Use

Do you use work-related social media:

- ☐ Facebook
- ☐ Twitter
- ☐ Instagram
- ☐ Video
- ☐ Podcast
- ☐ Other, List _____

Are you using Zoom or another distance conferencing to teach? ☐Yes ☐No

## III. Professional Development Trainings and Activities in Which You Have Participated

List top 15 Extension in-service trainings, national meetings and other professional development activities in which you have participated.

| Date | Name of Training or Activity | County Regional State National | Were You a Presenter? Yes | No |
|---|---|---|---|---|
| | | -- | ☐ | ☐ |
| | | -- | ☐ | ☐ |
| | | -- | ☐ | ☐ |
| | | -- | ☐ | ☐ |
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| | | -- | ☐ | ☐ |
| | | -- | ☐ | ☐ |
| | | -- | ☐ | ☐ |

## IV . Professionalism Questionnaire

| *Circle the number that best represents your behavior.* | Seldom | Usually | All of the Time |
|---|---|---|---|
| 1. Do you answer correspondence, e-mails and other electronic messages within two days after receiving it? | ○ | ○ | ○ |
| 2. Do you keep appointments when you set them? | ○ | ○ | ○ |
| 3. Are you punctual for appointments? | ○ | ○ | ○ |
| 4. Do you return telephone calls within one day or in a reasonable time after receiving them? | ○ | ○ | ○ |
| 5. Do you submit soil samples and other diagnostic samples in a reasonable time? | ○ | ○ | ○ |
| 6. Do you start meetings and/or activities on time? | ○ | ○ | ○ |
| 7. Do you stop meetings and/or activities at a predetermined or agreed upon time? | ○ | ○ | ○ |
| 8. Are you punctual in making all arrangements for meetings? | ○ | ○ | ○ |
| 9. Do you have a plan for sending out event reminders, newsletters, etc.? | ○ | ○ | ○ |
| 10. Does your office present a professional and welcoming atmosphere? | ○ | ○ | ○ |
| 11. Do you submit reports on time? | ○ | ○ | ○ |
| 12. Do you assist your county co-workers with programs and other routine tasks? | ○ | ○ | ○ |

## V. Community and Organizational Leadership

### Committees on Which You Serve

List committees on which you serve, such as Extension committees, professional associations, civic groups, etc., **not listed in section 1**.

| Name of Committee | Local Regional State National |
|---|---|
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## Awards

List any awards received

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## Funding

List funding sources (monetary and in-kind) received to support your program.

| Funding Source | Amount | Purpose | In Kind/Monetary |
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Date and location of your upcoming interpretive event

Date _____ Location _____