|  |  |
| --- | --- |
| Employee Name  | Position/Title |
| Department: | Supervisor Name | Hire Date | Review Period |
| **Section 1: Performance REVIEW** |

**I. Performance Goals** (progress towards goals, objectives, and/or projects set during the past year)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Performance Goal** | **Results** | **Comments** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |

**II. Competencies** (how has employee displayed competencies over past year). Provide comments and examples. Identify areas needing improvement going forward.

|  |  |  |
| --- | --- | --- |
| **Competency** | **Comments / Examples** | **Improvement Areas 1** |
| Results Orientation |  |  |
| Customer Focus |  |  |
| Collaboration |  |  |
| Problem Solving |  |  |
| Building Talent (Managers) only) |  |  |

**III. Professional Development Activities** (progress towards last year’s plan)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Development Activity** | **Results** | **Comments** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  | ­­ |

|  |  |
| --- | --- |
| **Other Accomplishments:** | **Areas needing attention 1:**  |

|  |
| --- |
| **Summary of Overall Performance:** |

1 Note: Areas needing improvement should flow through to the current year performance plan

END PRIOR YEAR ASSESSMENT

BEGIN CURRENT YEAR PLANNING

|  |
| --- |
| **Section 2: CURRENT YEAR PLANNING** |
| **Performance Period Beginning Date**:  | **Performance Period Ending Date**:  |

**I. Performance Goals** (describe goals, objectives, projects in upcoming year)

Examples: Overall department goal or specific individual revenue goal, goal for referring business to others, etc.

|  |  |  |
| --- | --- | --- |
|  | **Performance Goal Description** | **Target Metric** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

**II. Individual Development Plan** (describe opportunities for development, specific to areas of improvement related to competencies, and general knowledge/growth)

Examples: On the Job Training, Seminars, workshops, conferences, internal training, special projects, college courses, Professional Organization Membership, certifications, other).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Individual Development Activity** | **Target Date** | **Estimated Cost** | **Action Steps** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |

|  |
| --- |
| **Section 3: APPROVAL/COMMENTS** |

Supervisor’s Signature: Date: \_\_\_\_\_\_

The contents of this form have been reviewed with me. I understand that my signature indicates receipt of performance review, not necessarily agreement with evaluation. Comments may be attached to this review.

Employee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Comments (use reverse page/attach in separate document).

Employee Comments:

Employee Signature: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_