PERFORMANCE EVALUATION

To be completed semi-annually for each employee

Employee Name:		**Department:**	
Job Title:		**Supervisor Name:**	
Evaluation Period:		**Supervisor Title:**	

SUPERVISOR/EVALUATOR INSTRUCTIONS:

1. Based on employee performance throughout the evaluation period, conduct a comprehensive evaluation. Refrain from basing judgment on isolated or recent events. Concentrate on rating one factor at a time. Take into consideration only the time period being evaluated. Provide a numerical score for each trait using the rating chart.
2. Ratings of 1 or 2 require comments to explain to the employee where improvement is needed.
3. Ratings of 3, 4, or 5 do not require comments; however, they are recommended to provide a useful tool for tracking progress in future evaluations.
4. At the evaluation meeting with the employee:
    a. Review each section with the employee.
    b. Review the employee's level of success in meeting performance goals from the previous evaluation period.
    c. Review new goals, additional comments, and feedback.
5. After the meeting with the employee, sign the acknowledgement section on the final page.

RATING SCALE: Enter the appropriate numerical score for each section/trait. Provide comments to support the rating as necessary. ½ points are also acceptable.

1	2	3	4	5
Unsatisfactory	**Needs Improvement**	**Meets Expectations**	**Exceeds Expectations**	**Exceptional**
Performance is inadequate (below minimum standards and expectations). Significant improvement is needed in some or most areas.	**Tenured employees:** Performance is less than satisfactory and needs improvement, although certain components of performance may be acceptable or improving. May require constant direction and regular follow-up. **New employees:** This rating can also apply to new or recently transitioned employees who are not yet performing at a fully competent level and are still developing.	Performance fully meets all standards and expectations of the position, all or nearly all of the time. Performance may, at times, exceed expectations. Fully proficient and independent in work.	Performance **frequently** exceeds the standards and expectations of the position. The individual has extensive knowledge and skills and can initiate and perform most work with minimal direction. Performance may at times be outstanding.	**Consistently** performs substantially above all that is required; makes unique contributions achieves impactful accomplishments. The individual has mastered the position, can train others, and consistently strives to go beyond what is expected.

QUALITY OF WORK						
1-Unsatisfactory 2-Needs Improvement 3-Meets Expectations 4-Exceeds Expectations 5 – Exceptional						
	Rating (circle one):					
Follows policies/procedures accurately	**1**	**2**	**3**	**4**	**5**	
Comments:						
Completes tasks with accuracy	**1**	**2**	**3**	**4**	**5**	
Comments**:**						
Accepts work assignments and follows instructions	**1**	**2**	**3**	**4**	**5**	
Comments**:**						
Shares suggestions for making improvements (initiative)	**1**	**2**	**3**	**4**	**5**	
Comments**:**						

COMMUNICATION						
1-Unsatisfactory 2-Needs Improvement 3-Meets Expectations 4-Exceeds Expectations 5 – Exceptional						
	Rating (circle one):					
Transmits ideas and information clearly, concisely, and accurately	**1**	**2**	**3**	**4**	**5**	
Comments**:**						
Provides complete and reliable information to others	**1**	**2**	**3**	**4**	**5**	
Comments**:**						
Accepts feedback in a constructive manner	**1**	**2**	**3**	**4**	**5**	
Comments**:**						
Offers feedback in a constructive manner	**1**	**2**	**3**	**4**	**5**	
Comments**:**						

PLANNING & ORGANIZATION

1-Unsatisfactory 2-Needs Improvement 3-Meets Expectations 4-Exceeds Expectations 5 – Exceptional

	Rating (circle one):				
Completes assigned tasks within allotted time	**1**	**2**	**3**	**4**	**5**
Comments:					
Adjusts priorities according to the needs of the department	**1**	**2**	**3**	**4**	**5**
Comments:					
Takes initiative to accomplish shared responsibilities	**1**	**2**	**3**	**4**	**5**
Comments:					
Keeps records and documents activities as appropriate	**1**	**2**	**3**	**4**	**5**
Comments:					

KNOWLEDGE OF JOB

1-Unsatisfactory 2-Needs Improvement 3-Meets Expectations 4-Exceeds Expectations 5 – Exceptional

	Rating (circle one):				
Knows established policies/procedures	**1**	**2**	**3**	**4**	**5**
Comments:					
Knows when to progress independently and when to seek direction	**1**	**2**	**3**	**4**	**5**
Comments:					
Takes initiative to learn new ideas and methods to accomplish tasks	**1**	**2**	**3**	**4**	**5**
Comments:					

PROFESSIONAL QUALITIES

1-Unsatisfactory 2-Needs Improvement 3-Meets Expectations 4-Exceeds Expectations 5 – Exceptional

	Rating (circle one):				
Demonstrates a positive attitude toward work and peers	**1**	**2**	**3**	**4**	**5**
Comments:					

Uses time conscientiously		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Works willingly and cooperatively with others to achieve goals		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Handles confidential information and materials appropriately		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Reliable in the absence of a supervisor		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Attendance record		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Manner, attitude, and dress representative of workplace expectations		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Maintains work area in a neat, professional manner		**1**	**2**	**3**	**4**	**5**
Comments**:**						
Interest in self-improvement		**1**	**2**	**3**	**4**	**5**
Comments**:**						
EVALUATION SUMMARY						
Overall Performance:		**[average rating]**				
Comments**:**						
Employee's Strengths:						
Comments:						
Areas that need improvement:						
Comments:						
TRAINING OPPORTUNITIES						
Training Received in Past Year:						
Comments:						
Additional Training Recommended:						
Comments:						

EMPLOYEE SELF-ASSESSMENT

What do you like most about your job?	
Comments:	
What do you least enjoy about your job?	
Comments:	
Are there any areas you feel you need or would like more training in?	
Comments:	
What were your accomplishments or achievements over the last 6 months?	
Comments:	

EMPLOYEE COMMENTS

This performance evaluation has been reviewed with me, and I understand that I may attach additional comments if desired.

Comments: _____

_____

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_____

EMPLOYEE: I have seen and reviewed the performance evaluation. All items covered have been discussed fully with me. I realize that my signature below does not imply that I agree with the evaluation; however, I do understand the need to meet all goals and make improvements if any are noted.

Employee Signature:		Date:	

SUPERVISOR: I have discussed all items reviewed on this form with the employee and attest that my ratings for the employee's performance are fair and objective.

Supervisor Signature:		Date:	

DEPARTMENT HEAD: I have reviewed the evaluation for accuracy and objectivity. I have discussed with the employee and/or supervisor any discrepancies and attest that the evaluation was conducted in a fair and objective manner. I have attached to this evaluation any relevant comments or notes.

Department Head Signature:		Date:	