|  |  |
| --- | --- |
| Name | Date |
|  |  |
| Title | Department |
|  |  |
| Review From | Review To |
|  |  |
| Supervisor | Type |
|  | 6-month  Annual |
|  |  |

**I. Performance of Duties/Responsibilities**List duties/responsibilities from the position description. Comment on the results achieved.

|  |  |
| --- | --- |
| **Duties/Responsibilities & Goals** | **Results** |
|  |  |
| **Other Factors Relevant to the Position** | |
|  | |

**II. Demonstration of Values**

|  |
| --- |
| **Values:** Indicate how the employee demonstrates behaviors through our values. Provide examples in the comment section how the values are demonstrated. |
| **Integrity**  Values respect and honesty, adhering to ethical, data-based decision-making that promotes the mission.  **Engagement**  Values collaboration and active participation both in the classroom and throughout the community.  **Inclusion**  Values bringing different lived experiences and a range of backgrounds into a shared environment where everyone  has equal access to opportunities.  **Passion**  Values a positive environment where all can find and pursue their passion. |
| Comments |

**III. Goals**

List professional goals set for the reviewed period and comment on the results achieved. Upon review set goals for the next period.

|  |  |
| --- | --- |
| **Last Period’s Professional Goals** | **Professional Goal Progress** |
|  |  |
| **Next Period’s Goals** | |

**IV. Supervisor Summary:**

Summary and comments about the employee’s overall performance.

|  |
| --- |
|  |

**V. Overall Performance Rating:**

Consider all performance criteria and indicate overall rating.

|  |  |
| --- | --- |
| **Select One** | **Level** |
|  | **Satisfactory**  Employee consistently meets performance objectives. |
|  | **Unsatisfactory**  Unacceptable performance; below expectations  *Performance Improvement Plan (PIP) Required* |

**VI. Employee Acknowledgment:**

I have read my Position Description, I understand the duties/responsibilities and goals for me and my position, and I understand that this appraisal is based upon my performance in my position.

I acknowledge I have read the appraisal and have discussed its contents with my supervisor. I wish to make the following comments:

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

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

**FOR DEPARTMENT DIRECTORS:**

An updated Position Description is attached.

*Original signed Performance Review along with an updated Job Description is filed in the employee’s personnel file in Human Resources. Keep a copy of the Last Period & Next Period Goals for your file for updates as the situation warrants and to assist you at the end of the next evaluation period.*