

Policy Appendix

Employee Performance Review Form

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Employee Information						
Employee						
Name:		Administrator:				
Job Title:		Date:				
Review						
Period:	to					
Review Guidelines						
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At least one week prior to this review, please conduct a self-review in which you consider what you have accomplished this year and what you plan to accomplish for the upcoming year. Please set specific goals for the upcoming year.

All goals should be reasonable and specific.

Goals

(To be completed by the administrator conducting the yearly review.) Briefly describe the goals of the employee. Were the goals achieved? If no, then why not?

Goal #1:

Goal #2:					
Goal #3:					
		Evaluation			
Use this rating key for the following e	valuation:				
1 = Unsatisfactory Does not perform required tasks	. Requires cons	stant supervision			
2 = Marginal Needs improvement in quality of			on time		
3 = Meets Requirements			on time.		
Meets basic requirements. Tasks 4 = Exceeds Requirements	are completed	I on time.			
Goes above and beyond expecta 5 = Exceptional	tions.				
Always gets results far beyond w	hat is required				
	(5) =	(4) = Exceeds	(3) = Meets	(2) =	(1) =
	Exceptional	Requirements	Requirements	Marginal	Unsatisfactory
Understands aspects of position needed to handle job assignments					
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Makes clear and well organized written preparations			
Presents ideas orally in a clear, effective manner			
Produces maximum amount of work accurately and thoroughly			
Demonstrates reliable, conscientious work habits			
Demonstrates self-starting ability and follow through			
Determines and follows logical courses of action			
Ability to work on several projects/effective completion			
Grasps instructions and explanations quickly			
Comprehends and acts on new situations with minimum supervision			
Develops realistic goals/willing to adapt to change			
Displays enthusiasm and loyalty towards work assignments and colleagues			
Maintains neat, organized, and presentable work place			

Additional Comments:

Provide Suggestions For Self-Improvement:					
Administrator Feedback:					
Verification of Review					
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.					
I, acknowledge receipt of review, and my signature does not nece	essarily indicate agreement.				
Employee Signature	Date				
Administrator Signature	Date				