**PROFESSIONAL STAFF PERFORMANCE EVALUATION FORM – PART 1**



TO BE COMPLETED BY STAFF PRIOR TO PERFORMANCE EVALUATION

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| STAFF MEMBER’S NAME (LAST, FIRST MI) |  |
| POSITION |  |
| SUPERVISOR |  |
| REVIEW PERIOD |  |
| TODAY’S DATE |  |
| I’m including an IDP in my evaluation (Y/N) |  |

1. In reviewing your current job description are there any changes?

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1. Provide a list of accomplishments over the past year

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1. Provide Progress to goals from last year as applicable

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1. Create new goals for the upcoming year as applicable

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1. What training or development would you be interested in for the next review period? (include IDP)

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1. How can I, your supervisor, communicate better with you?

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