

EMPLOYEE: _____

JOB TITLE: _____

DIVISION /
DEPARTMENT: _____

DATE OF
EVALUATION : _____

EVALUATING
SUPERVISOR: _____

The purpose of this evaluation is to:

1. **Set Goals** The Supervisor and the Employee establish mutually agreed-upon goals for future progress and development
2. **Inform** The Supervisor and the Employee communicate openly and honestly about performance
3. **Develop** The Supervisor and the Employee identify actions the employee can take to enhance his/her development at A.C.C.
4. **Evaluate** The Supervisor and the Employee evaluate results based on pre-established goals and performance measures

PART I **OBJECTIVES / RESPONSIBILITIES / ACCOMPLISHMENTS**

POSITION OBJECTIVES AND MAJOR RESPONSIBILITIES (Summarize specific responsibilities of the job)

ACCOMPLISHMENTS AND/OR IMPROVEMENTS

What specific accomplishments and/or improvements has this employee made since the last review?

PART II **PERFORMANCE AND CONTRIBUTIONS ASSESSMENT**

Rate the employee on his/her performance and contributions since the last review period.

EXCEPTIONAL	Performance consistently far exceeds expectations
VERY GOOD	Performance consistently exceeds normal expectations and job requirements
ACCEPTABLE	Performance usually meets expectations and minimum requirements for the job
UNACCEPTABLE	Performance is below the minimum acceptable level

1. QUALITY OF WORK PERFORMED

Exceptional Very Good Acceptable Unacceptable

Comments _____

2. VOLUME OF WORK COMPLETED EACH YEAR

Exceptional Very Good Acceptable Unacceptable

Comments _____

3. ABILITY TO MAKE SOUND DECISIONS THAT AFFECT WORK PERFORMANCE

Exceptional Very Good Acceptable Unacceptable

Comments _____

4. DEGREE OF INITIATIVE AND INNOVATION

Exceptional Very Good Acceptable Unacceptable

Comments _____

5. WILLINGNESS AND ABILITY TO WORK WITH OTHERS

Exceptional Very Good Acceptable Unacceptable

Comments _____

6. RESPECT, GENUINE CONCERN AND WILLINGNESS TO ASSIST STUDENTS, STAFF AND COMMUNITY MEMBERS

Exceptional Very Good Acceptable Unacceptable

Comments _____

7. ABILITY TO COMMUNICATE EFFECTIVELY / CLEARLY AND GIVE / RECEIVE FEEDBACK

Exceptional Very Good Acceptable Unacceptable

Comments _____

8. LEVEL OF DEPENDABILITY TO COMPLETE ASSIGNED TASKS ACCURATELY AND ON TIME

Exceptional Very Good Acceptable Unacceptable

Comments _____

STRENGTHS OF EMPLOYEE

SUGGESTED AREAS OF IMPROVEMENT FOR EMPLOYEE

PART III

DEVELOPMENT PLAN

Review the employee's Self Assessment of Professional Development. What specific action(s) can you suggest to help the employee improve his/her professional development? How can you, as a supervisor, help facilitate the employee's professional growth?

Employee's Professional Development Assessment reviewed by Supervisor on _____

Comments

PART IV

EMPLOYEE COMMENTS

Employee is welcome to add any additional comments to this review.

Comments

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Employee signature indicates that the assessment was reviewed and discussed with the Supervisor. It does not necessarily indicate agreement.