

Employee Name	Department
Job Title	Evaluation Period
Supervisor	Employee SID

Job Description on File and Reviewed

Prior Year’s Strategic Priorities/Work Plan

Briefly describe last year’s top strategic priorities. Indicate if the priority was achieved, and if not, explain what steps are being taken to complete the priority. *Attach additional pages if needed.*

Priority 1:
Priority 2:
Priority 3:
Priority 4:

Upcoming Year’s Strategic Priorities/Work Plan

Briefly describe the upcoming year’s top strategic priorities. *Attach additional pages if needed.*

Priority 1:
Priority 2:
Priority 3:
Priority 4:

Commitment to Guiding Principles, Diversity, Equity and Inclusion

Evaluate the employee's diversity and equity related performance. When completing this section, consider how the employee meets or exceeds the following:

- Actively models the Mission, Vision and Guiding Principles on a daily basis.
- Demonstrates adherence to EEO.
- Embraces Diversity, Equity and Inclusion procedures, best practices and policies.
- Promotes and participates in departmental and college-wide diversity, equity and inclusion initiatives.

Overall Performance Assessment

Evaluate employee's overall performance by providing feedback in the areas of Strengths, Recommendations for Improvement, and Accomplishments. Be as specific as possible, citing actual examples of the employees work. When completing this section, keep in mind the key professional duties outlined in the job description. *Attach additional pages if needed.*

Professional Development

List specific areas in which the employee might benefit from additional training/professional development. Set realistic goals that can be accomplished within a specific time frame. *Attach additional pages if needed.*

Training/Professional Development Goal 1:

Training/Professional Development Goal 2:

Training/Professional Development Goal 3:

EMPLOYEE COMMENTS

Utilize this space to provide any comments regarding this assessment and/or the assessment process. *Attach additional pages if needed.*

ACKNOWLEDGMENT

I have read this evaluation, received a copy, and have discussed it with the evaluator.

Employee Signature

Date

Evaluator/Supervisor Signature

Date