**Annual Performance Evaluation**

**Supervisor Form**

**Name**       **Position**

**Supervisor**       **Anniversary Date**

**Position Responsibilities: For each of the key responsibilities in the job description, comment on performance relative to your expectations.**

|  |  |
| --- | --- |
| **1.** | **Goal** |
| **Comments:** | Continue  Improve |
| **2.** |  |
| **Comments:** | Continue  Improve |
| **3.** |  |
| **Comments:** | Continue  Improve |
| **4.** |  |
| **Comments:** | Continue  Improve |
| **5.** |  |
| **Comments:** | Continue  Improve |
| **Summary evaluation of performance:** **Exceptional Work**  **On Target**  **Needs Development**  **Unacceptable Work**  **Summary comments:** | |

**Key skill requirements: Rate and comment on the level of ability that has been demonstrated in the areas identified for the position as key skill requirements**

|  |  |
| --- | --- |
|  | **Strong skills Weak skills** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **Based on the skill level in the required areas or other aspects of the job not listed above, what training would be beneficial in helping the employee to perform the job functions better?** | |

**Equipment needs**

**Identify any equipment needed to help the employee perform the job better:**

**Previous issues**

**Comment below on the following issues:**

* **progress made on development issues raised in last year’s performance review**
* **growth through training received during the year**
* **exceptional initiatives implemented during the year**

**On-going issues**

**Comment on the following or any other on-going issues that you feel should be discussed at this review:**

* **issues that have been raised as development needs/opportunities during the year**
* **other items that you would like to discuss as part of this review which are not covered elsewhere on this form**

**Goals for the coming year**

**Supervisor**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next Level**

**Accountability** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee**

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print this completed form and return it to the person designated to provide evaluation accountability for signature along with the completed employee portion of the review. After being discussed with the employee, all forms should be filed in the employee’s personnel file.**