# **20XX Performance Review**

Name of Employee

Title

Period covered: from \_\_\_\_, 20XX to \_\_\_\_\_\_, 20XX

|  |  |
| --- | --- |
| **Be supportive*** Did the employee support others to overcome challenges? Describe.
* Did the employee show respect and sensitivity towards other people? Describe.
* Did the employee build trust and working relationships with others? Describe.
 | **Operate with strong results orientation*** Did the employee achieve the agreed upon goals and objectives for the period under review? Describe/list.
 |
| **Seek different perspectives*** Does the employee participate in team meetings, training, or discussions? Describe.
* Did the employee collaborate with others? Describe.
 | **Solve problems effectively*** Did the employee gather, analyze and consider relevant information when faced with a challenge? Describe.
* Did the employee show initiative? Describe.
* Did the employee exhibit good judgement in decision-making and setting priorities? Describe.
* Did the employee demonstrate the willingness and ability to learn? Describe.
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## Performance Plan

### Performance Goals

* Indicate objectives/goals for the next fiscal year
* Indicate how supervisor will measure performance
* Assess employee’s performance after completion of performance plan

|  |  |  |
| --- | --- | --- |
| **Objective** | **Measure** | **Assessment** |
| *Describe objectives for the next fiscal year* | *Describe how supervisor will measure performance* | *Assess employee’s performance*  |
| *Objective 1* | *Measure 1* | *Assessment 1* |
| *Objective 2* | *Measure 2* | *Assessment 2* |
| *Objective 3* | *Measure 3* | *Assessment 3* |

### Training Priorities

1. Indicate priority skills/areas for further training in the next fiscal year;
2. Include a training plan agreed upon with employee.

### Performance Improvement Plan (if necessary)

* Outline performance expectations
* Outline schedule of evaluation dates and target date for completion of performance plan

### Signatures

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Supervisor, Title Employee, Title

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