



## Performance Planning and Review Form

Staff Member's Name	Department	Position Title	Supervisor's Name	Review Period
				From:
				To:

### Part I: Plan

Job Responsibility or Strategy / Priority	Import 5=Most important 1=Least Important	Objectives and Results	Level of Accomplishment	
			EE – Exceeded objectives, set the standard for achievement	ME – Met the objective efficiently and completely
			NI – Fell short of the objective yet shielded others from negative impact.	U – Substantially short of the objective; negative impact on others and their work.
		Objective:		
		Results:		
		Objective:		
		Results:		
		Objective:		
		Results:		
		Objective:		
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		Objective:		
		Results:		
		Objective:		
		Results:		

## Part II: Plan Updates

### Optional Assignment, Change to an Objective, Additional Achievement

Job Responsibility or Strategy / Priority	Import 5=Most important 1=Least Important	Objectives and Results	Level of Accomp.	Initials	Date
		Objective:			
		Results:			
		Objective:			
		Results:			
		Objective:			
		Results:			
		Objective:			
		Results:			
		Objective:			
		Results:			

## Part III - Competencies Assessment

<b>Evaluative Feedback on competencies</b> <ul style="list-style-type: none"> <li>• See accompanying document “Definitions of Professional Competencies.”</li> <li>• Select 5 to 8 competencies for review.</li> <li>• ME rating requires no comment.</li> <li>• EE, NI, U ratings require comments.</li> </ul>	Level of Accomplishment	
	<b>EE</b> – Routinely exceeds expected results; sets the departmental standard in this competency.	<b>ME</b> – Consistently meets all requirements of the competency; solid performer; fully competent.
	<b>NI</b> – Close to but not fully achieving acceptable standard; inconsistent in some aspects of the competency.	<b>U</b> – Usually below minimum requirements; does not accomplish most aspects of this competency.

Competency	Comments/Explanation of Level	Level
<b>Job Knowledge; Professional Development</b>		
<b>Leadership Skills; Supervision; People Development</b>		
<b>Problem Solving; Decision Making</b>		
<b>Reliability; Dependability</b>		
<b>Quality of Work; Client/Customer Service</b>		
<b>Quantity of Work</b>		
<b>Interpersonal and Communication Skills</b>		
<b>Teamwork</b>		

## Part IV - Summary Comments

<b>Strengths:</b>	<b>General Comments:</b>
<b>Suggested Improvements:</b>	
<b>Resources Requested:</b>	

### Verification of Review

*By signing this form you confirm that you have discussed this review in detail with your supervisor. Signing this form does NOT necessarily indicate that you agree with this review.*

#### **Staff Member's Response to Performance Review:**

**Please check the statement that applies to you:**

- I understand and agree with the contents of this performance review.
- I understand the contents of this performance review.
- I understand, but disagree with the contents of this performance review.
- I do not understand the content of this performance review and state my reasons below.
- I would like to APPEAL by having the next level supervisor talk to my supervisor and me regarding this review.

#### **Staff Member's Comments:**

Staff Member's Signature

Date: [Click here to enter a date.](#)

Supervisor's Signature

Date: [Click here to enter a date.](#)