



A & P Performance Review

NAME: _____ EMPLOYEE ID#: _____
DEPT NAME: _____ APPRAISAL PERIOD: From _____ (Date) To _____ (Date)

POLICY STATEMENT

The job performance of each Administrative and Professional (A&P) staff member is to be reviewed annually to ensure attainment of department/division goals and objectives, to enhance communications, and to facilitate and promote career growth and development.

INSTRUCTIONS

All the below sections should be completed by the immediate supervisor. All boxes need to be completed. If not applicable, please list NA. The review should then be discussed with, and approved by, the department head who may suggest changes to the original content.

APPRAISAL STATEMENT

In processing the performance appraisal, read through each performance factor and check the most appropriate rating by using the following key words as a guideline.

- Outstanding: Highest standard of excellence, exemplary, visionary, exceptional, executing, innovative, or leadership.
Above Satisfactory: Excels, consistent accuracy, implements, encourages, ambitious, cohesive, initiative, highly competent, secure, or highly committed.
Satisfactory: Satisfies general requirements, accurate, reliable, effective, flexible, basic strengths, appropriate conclusions, or harmonious.
Conditional: Inconsistent, unsure, minimal, inadequate, ineffective, unreliable, reluctant, occasional or neglectful.
Unsatisfactory: Unacceptable, consistently lacking, below standards, avoids, unable, unwilling, uncooperative, cannot relate, negligent, uninterested or untrustworthy.

Table with 5 columns: PERFORMANCE FACTOR, Unsatisfactory, Conditional, Satisfactory, Above Satisfactory, Outstanding. Rows include Knowledge of Job, Planning, Quality of Work / Accuracy, Adaptability / Flexibility, Judgment, Communication (Written, Spoken), Interpersonal Relationships (Students, Subordinates, Peers, Superiors), Initiative, Leadership, Problem Solving, Financial Management, Recruitment and Retention, Dependability, and Promotion of Cultural Diversity.

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Professional Development: Community involvement, publications and conferences / seminars attended professional certifications, and professional licenses. (Use additional sheets if necessary)

Strengths / Accomplishments: Briefly describe the staff member's most significant strengths and accomplishments during this rating period. It is important to support performance factors rated "Outstanding" by providing specific examples and justification. (Use additional sheets if necessary)

Areas of Improvement: List areas in which the staff member should take special care to address professional weaknesses or to prepare for professional advancement. It is important to support performance factors rated "Unsatisfactory" or "Conditional" by providing specific examples and justification. (Use additional sheets if necessary)

Goals and Objectives: Provide a brief description of the major goals and objectives for the next rating period. (Use additional sheets if necessary)

OVERALL PERFORMANCE EVALUATION

- | | |
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| <input type="checkbox"/> Outstanding:
<input type="checkbox"/> Above Satisfactory:
<input type="checkbox"/> Satisfactory:
<input type="checkbox"/> Conditional:
<input type="checkbox"/> Unsatisfactory: | Performance is at least satisfactory or above in all areas and outstanding in most areas.
Performance is at least satisfactory or above in all areas and above satisfactory in most areas.
Performance is at least satisfactory in all areas with the exception of one conditional.
Performance is below the satisfactory level in two or more areas.
Performance is below the satisfactory level in most areas. |
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Immediate Supervisor:

Department Head:

Print Name	Sign Name	Date	Print Name	Sign Name	Date
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STAFF MEMBER'S COMMENTS

Do you have a copy of your most recent position description? Yes No

Other Comments:

I certify this performance review has been discussed with me.

Staff Member's Signature	Date
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