

## **Employee Evaluation**

Name:

Attitude

Title: Period covered:									
Work Quality	1	2	3	4	5				
Dependability	1	2	3	4	5				
Initiative	1	2	3	4	5				
Flexibility	1	2	3	4	5				
Job Knowledge	1	2	3	4	5				
Communication	1	2	3	4	5				
Punctuality	1	2	3	4	5				
Supervisory Ability	1	2	3	4	5				
Organization	1	2	3	4	5				
Judgment	1	2	3	4	5				

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Explanatory Evaluation: Provide brief, written answers to the following questions.

- 1. Describe the areas of your job description in which you have excelled. Feel free to cite examples.
- 2. Describe the areas of your job description in which there is room for improvement. Feel free to cite examples.
- 3. Does your current job description accurately represent the work that you do? If not, what are the differences? What needs to be changed?
- 4. How well do you respond to direction and supervision? Are you provided with the proper amount of direction, supervision and feedback? How would improvements be made in this area from all sides?
- 5. How well do you work with your colleagues and with people with whom you are in regular contact at carrying out your duties? How are you treated in turn? How do you contribute to the overall work environment at the Connect U.S. Fund? What, if any, changes do you suggest?

**Reaching Goals and Developing Capabilities:** List the agreed-upon performance goals from the previous year. Determine if each goal was fully met, partially met, or not met. Add explanations as necessary. Describe the progress made in developing the capabilities or skills agreed upon in the previous year.

**Goal Setting:** Suggest six or more specific, quantifiable goals to be accomplished in the next 12 months. Your final goals for the next year will be determined with and by your supervisor.

**Capabilities Development Plan:** In order to achieve the goals you have suggested, and using the feedback provided in this form, list the capabilities or skills you could develop in the next 12 months. What suggestions do you have for how to develop these capabilities?

Employee Signature:	Date:	
Supervisor Name:		
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Supervisor Signature:	Date:	