**Supervisor Assessment – Year End**

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| **Employee Name:** | | **Supervisor Name:** | |
| **Employee Title:** | | **Supervisor Title:** | |
| **Review Period:** | | | |
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| **Key Result Areas** | **Outcomes/Accomplishments:** | | **Rating** |
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| **Rating for Key Result Areas**  O – Outstanding Performs well above the planned results  R – Exceeds Target Exceeds the planned results  M – Meets Target Meets planned results  F – Falls Short of Target Did not achieve a significant number of planned results | | | |

**Please select up to seven key competencies for this position**

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| **Key Competencies:** | **Examples of how exhibited throughout the year** | **M -- Maintain**  **I – Improve**  **G -- Grow** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| Other |  |  |
|  |  |  |
| **Key Competencies**  M – Maintain Maintain present level of performance in this area.  I – Improve Improve level of performance in this area.  G – Grow Employee is ready to accept new level of responsibility in this area. | | |

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| **Overall Assessment of Performance**  **(Brief summary of key accomplishments for the year and opportunities for development.)** |
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| **Rating:** |
| **Rating for Overall Performance Rating**  O – Outstanding  E – Exceeds  M – Meets  F – Falls Short |
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| **Employee’s Signature:** |
| **Manager’s Signature:** |
| **Date:** |

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| **Employee Comments:** |
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| **Development Plan: (Areas for development, including training and professional development opportunities.)** |
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| **Date of Performance Planning Meeting for Upcoming Year:** |
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