**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 resultsR – Exceeds Target Exceeds the planned resultsM – Meets Target Meets planned resultsF – 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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