

# Governor's Institute Employee Evaluation

Name:

Date: Month/Day/Year

## I. Evaluation of Employment Period 1/1/Year – 12/31/Year

*\*The employee is permitted to review their evaluation before providing a signature. It is at the discretion of the employee or supervisor to submit a written response that will be filed with the original evaluation.*

### **Accomplishments**

*Describe the employee's accomplishments against mutually understood goals and objectives for this position.*

### **Growth**

*Describe key competencies and performance factors that have developed to become a more valuable and versatile member of the staff.*

### **Developmental Needs**

*Describe the key competencies and performance factors that should be considered to further develop administrative or personal professional skills.*

### **Overall Review and Comments**

### **Supervisors Recommendations & Comments**

\_\_\_\_\_  
Prepared by:  
Supervisor or employee name

\_\_\_\_\_  
Executive Director and/or Supervisor Signature