



**PERFORMANCE
REVIEW FORM**

Employee's Name:

Title:

Supervisor:

Review Period:

A. CURRENT RESPONSIBILITIES

Attach a current position description. If applicable, make note of any significant changes since last year's performance review.

B. PERFORMANCE ASSESSMENT

a. **Evaluate and discuss the employee's job performance.** Base your evaluation upon the position requirements, achievement of the goals established during the past year, and your assessment of the employee's accomplishments.

b. **Are there areas of the exceptional performance that should be particularly noted?** Provide specific examples.

c. **Are there areas of performance needing more attention or improvement?** Provide specific examples.

B. PERFORMANCE ASSESSMENT - continued

- d. **State and discuss the expectations and goals for the upcoming review period.** Give examples of how these goals can be met (e.g., training). How will you support the employee to accomplish these goals?

C. PROFESSIONAL DEVELOPMENT PLAN

List specific activities the employee will do in the next twelve months as part of his/her professional development.

How will you support the employee to meet these goals?

D. EMPLOYEE COMMENTS (OPTIONAL)

The employee may comment on the performance review in the space provided below.

This annual performance review will become part of your Archdiocese of Indianapolis personnel file. Please acknowledge that you have received this document.

Employee's Signature:

Date:

Supervisor's Signature:

Date:

Supervisor's Printed
Name