

Staff Member Name: Staff Member ID Number:	Department/College:
Job Title:	Time in Position:
Supervisor Name: Supervisor ID Number:	Date:

The University’s annual professional assessment provides the staff member and supervisor with a collaborative outlet for facilitating discussion and planning for individual contribution to the unit, department, and University missions while allowing the supervisor to better understand what motivates each employee and how they best feel valued. This assessment should be completed collaboratively. The employee and supervisor should have the opportunity to openly express their thoughts and opinions and this process should be reflective of these efforts. This assessment can be used to guide the discussion and additional pages can be added, if necessary.

JOB KNOWLEDGE/CORE DUTIES

1. What areas of your job do you excel at?

2. What areas of your job do you see as opportunities for improvement or learning?

3. Do you feel challenged by your work? Why or why not?

4. What skills do you have that you have not been able to use which you think would enhance your work?

COLLABORATION AND TEAMWORK

1. How does your work contribute to the established goals of:

Your Team:

Your Department:

The University:

2. What collaborative projects and/or initiatives did you participate in this year?

3. Are there things missing from our team/departmental culture? Please describe.

PAST YEAR REFLECTIONS

1. What were the most significant accomplishment(s) for you in the past year?

2. Is there an aspect of your role within your department or the University as a whole that you are most proud of in the past year?

3. What was the greatest challenge for you in the past year?

4. What professional development and/or DEIJ initiatives have you engaged with within the past year?

GOALS FOR THE COMING YEAR

1. What are the 3 most important things you want to achieve over the next year?

2. What supervisory support and/or professional development do you need in the coming year in order to achieve your goals above?

ADDITIONAL COMMENTS/SELF-REFLECTION:

SUPERVISOR COMMENTS/REFLECTIONS:

OVERALL ASSESSMENT SCALE

- Exceeds Expectations
- Meets Expectations
- Does Not Meet Expectations

Supervisor's Signature

Date

I acknowledge that I have been given the opportunity to complete and discuss this assessment with my supervisor. I understand that if I disagree with any of the information contained herein, that I may submit a written statement explaining my position which shall be maintained as a part of my personnel file. My signature does not necessarily signify that I agree or disagree with this assessment. I understand that I may have a copy of this assessment and the original will be placed in my official personnel file.

Employee Signature

Date