

**Texas A&M University-Commerce**  
**PERFORMANCE AND DEVELOPMENTAL EVALUATION**

Please check appropriate review:     Annual         Probationary        Date of Review: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ Department: \_\_\_\_\_

Review Period: From \_\_\_\_\_ To \_\_\_\_\_

This evaluation will be used to identify specific indicators of achievement, to pin-point areas of greatest/least effectiveness, to stimulate improved performance, to develop mutually understood goals, and to provide career development guidance.

The formal performance evaluation occurs prior to the end of the 4<sup>th</sup> month of the probationary period and annually thereafter. The evaluation form and any attachments are placed in each employee's official personnel file in the department of Human Resources.

**Definitions of terms/ratings:**

- Outstanding --            Far exceeds the normal expectations for the criteria. (This rating requires supporting comments)
- Commendable --        Performance is above expected level or requirement.
- Satisfactory --        Performance is consistently acceptable.
- Needs Improvement --    Performance is below expectations and work requires guidance and checking. Improvement is needed. (This rating requires supporting comments)
- Unsatisfactory --      Performance is obviously substandard and work requires a high degree of supervision and direction. Deficiency is clearly evident. (This rating requires supporting comments)

Instructions: Mark one box for each applicable factor under the Performance Criteria.

PERFORMANCE CRITERIA	Outstanding	Commendable	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
<b>QUALITY OF WORK:</b> The extent to which work is free from errors or mistakes caused by lack of thoroughness, inattention to detail, or similar factors. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>QUANTITY OF WORK:</b> The employee's level of productivity or output and timeliness of work. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>APPLICATION OF KNOWLEDGE:</b> The employee's understanding of job duties and ability to accomplish job. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE CRITERIA

	Outstanding	Commendable	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
<p><b>COMMUNICATION SKILLS:</b> The employee's ability to express ideas clearly, accurately and convincingly.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>DECISION MAKING/PROBLEM SOLVING:</b> The employee's ability to recognize and analyze problems, evaluate solutions and make recommendations.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>WORK ORGANIZATION:</b> The employee's effective use of logical and organized work steps and time management.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>INITIATIVE:</b> The degree to which the employee demonstrates independent action and resourcefulness on the job by developing new methods, offering constructive suggestions and/or seeking additional work. The amount of direction and supervision the employee requires.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>WORK RELATIONSHIPS:</b> The employee's ability to relate, interact, react, and communicate with faculty, staff, students, co-workers, superiors and subordinates.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>CUSTOMER RELATIONS/SERVICE:</b> The employee's interaction with departmental and institutional customers.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>COMPLETION OF GOALS:</b> The attainment of goals and objectives set during the immediate previous performance appraisal process.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>OTHER:</b> Particular criteria specific to your office or department, if appropriate.</p> <p>Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STOP HERE IF COMPLETING THIS APPRAISAL FORM FOR SUPPORT STAFF EMPLOYEES  
SKIP TO PERFORMANCE EVALUATION SUMMARY BELOW**

**COMPLETE THE FOLLOWING FACTORS FOR PROFESSIONAL/ADMINISTRATIVE STAFF ONLY**

PERFORMANCE CRITERIA	Outstanding	Commendable	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
<p><b>LEADERSHIP:</b> The employee's use of innovation and new ideas and ability to encourage staff to change and grow. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>EMPLOYEE MANAGEMENT:</b> The employee's use of appropriate / effective management style, flexibility, care and concern for employees. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>FINANCIAL RESOURCE MANAGEMENT:</b> The employee's effective use of budget, training, equipment and materials. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>PROFESSIONAL DEVELOPMENT:</b> The employee's involvement in professional training and/or professional organizations. Comments:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PERFORMANCE EVALUATION SUMMARY**  
Please enter total for each factor in provided space.

<input type="checkbox"/> OUTSTANDING (Attach Documentation)	<input type="checkbox"/> COMMENDABLE	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> NEEDS IMPROVEMENT (Attach Documentation)	<input type="checkbox"/> UNSATISFACTORY (Attach Documentation)

**SUPERVISOR'S OVERALL COMMENTS:**

GOALS AND OBJECTIVES (Expectations)

Supervisors and employees should agree on goals and measurable objectives for the employee to work toward or complete during the coming year. In discussing these objectives, you should make sure the employee has the resources needed and knows the steps to take to achieve the objectives. **Attach additional sheets if more objectives are set.**

GOAL: A general statement that indicates what needs to be accomplished.	
Objective: Measurable actions describing how the goal is going to be accomplished.	
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The employee’s current Position Description has been reviewed for accuracy. NO CHANGES were made.

The employee’s current Position Description has been reviewed and CHANGED. The amended Position Description has been signed and is attached for placement in the personnel file.

\_\_\_\_\_  
Immediate supervisor’s signature

\_\_\_\_\_  
Date

Next level supervisor must review and sign this evaluation. He/she may choose to do this before or after the immediate supervisor discusses the evaluation with the employee.

\_\_\_\_\_  
Next level supervisor’s signature

\_\_\_\_\_  
Date

I understand that my signature indicates only that I have read and discussed this performance evaluation with my supervisor/evaluator. It does not necessarily mean that I agree with the evaluation’s contents. I may attach written comments, if desired. If comments are attached, check here:

\_\_\_\_\_  
Employee’s signature

\_\_\_\_\_  
Date

*This form, and any attachment, becomes part of the employee’s official personnel file.*