

DELAWARE TECHNICAL COMMUNITY COLLEGE  
SALARY PLAN B EMPLOYEE INDIVIDUAL PERFORMANCE PLANNING AND FEEDBACK FORM

Name:

Review Period:

Department:

Classification Title:

**SUPERVISOR ASSESSMENT**

This section provides feedback to the employee using a standardized rating system and individual comments. At a minimum, comments should be provided when individual has been rated as 1 (Exceeded Standard) or 3 (Did not meet Standard).

**OVERALL RATING:** Rating –

**A. Principal Accountabilities:** (Employee performance is rated based on each of the Principal Accountabilities taken from the employee’s attached Classification Specification.)

Principal Accountability 1: Rating –

Comment:

Principal Accountability 2: Rating –

Comment:

Principal Accountability 3: Rating –

Comment:

Principal Accountability 4: Rating –

Comment:

Principal Accountability 5: Rating –

Comment:

Principal Accountability 6: Rating –

Comment:

Principal Accountability 7: Rating –

Comment:

Principal Accountability 8: Rating –

Comment:

Principal Accountability 9: Rating –

Comment:

Principal Accountability 10: Rating –

Comment:

Other Principal Accountabilities: Rating –

Comment:

### **Related Job Requirements**

Attendance: Rating –

Comment:

Customer Service/Interpersonal Relationship (Interaction with other individuals): Rating –

Comment:

Special Project and Strategic Initiatives, if applicable: Rating –

Comment:

**\*\*This section to be completed only if the employee is a supervisor\*\***

### **Supervisory Responsibilities**

Directs and motivates a group of employees: Rating –

Comment:

Makes sound decisions: Rating –

Comment:

Applies good management practices: Rating –

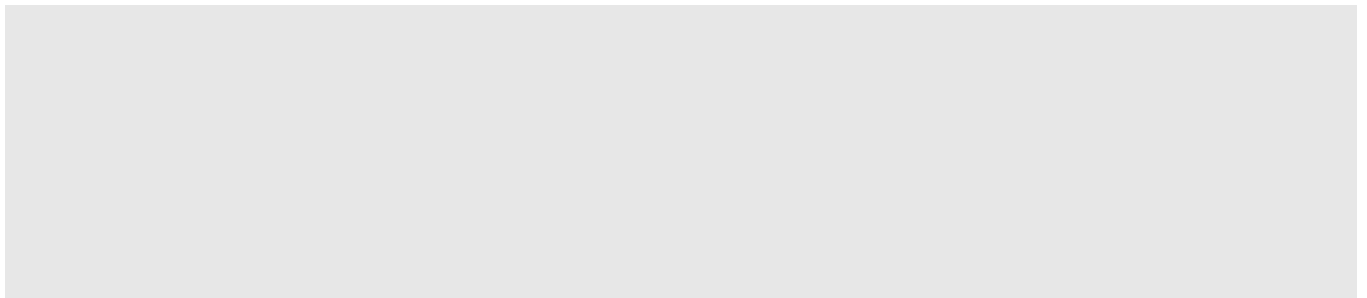
Comment:

Promotes good relations: Rating –

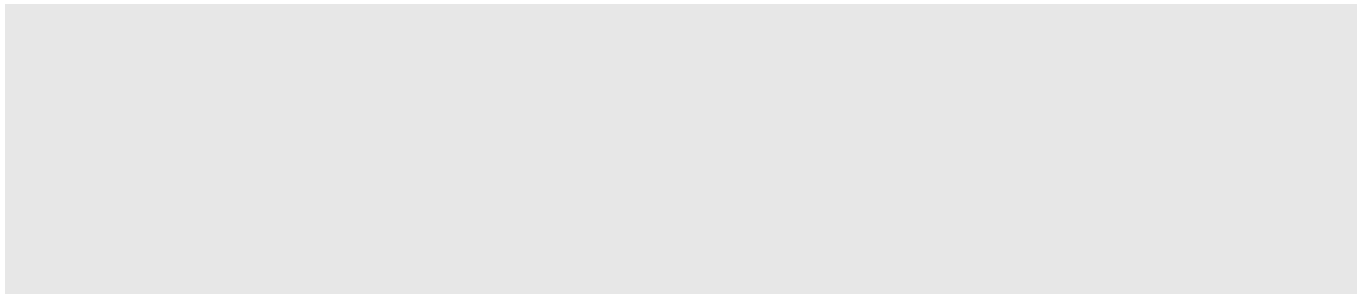
Comment:

**B. Professional Development Activities:**

1. Professional Development Activities accomplished during this review period.



2. Professional Development Activities to be accomplished during the next review period.



C. **Goals:** (Progress of goal achievement and explanation.)

**1. Goals during this review period:**

Goal 1:

Has this goal been accomplished?      YES      NO

Explain:

Goal 2:

Has this goal been accomplished?      YES      NO

Explain:

Goal 3:

Has this goal been accomplished?      YES      NO

Explain:

Goal 4:

Has this goal been accomplished?      YES      NO

Explain:

Goal 5:

Has this goal been accomplished?      YES      NO

Explain:

**2. Goals during the next review period:**

1.

2.

3.

4.

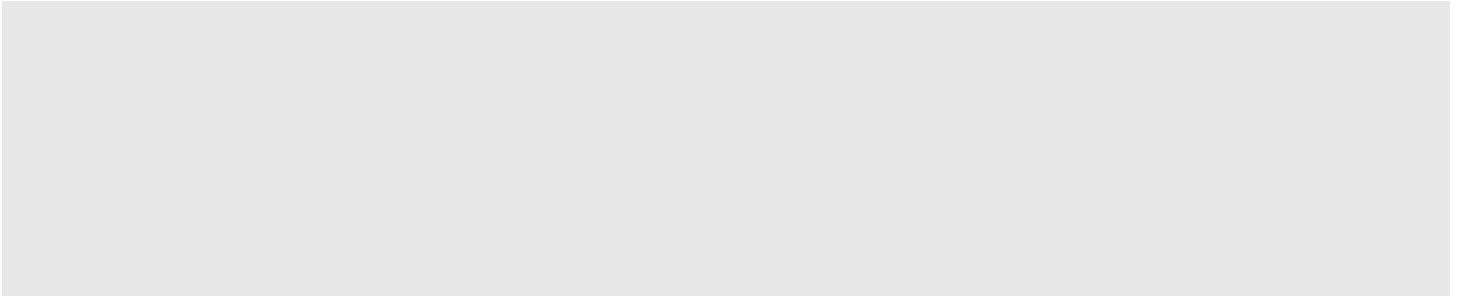
5.

**D. Supervisor's Overall Performance Review of Employee:**

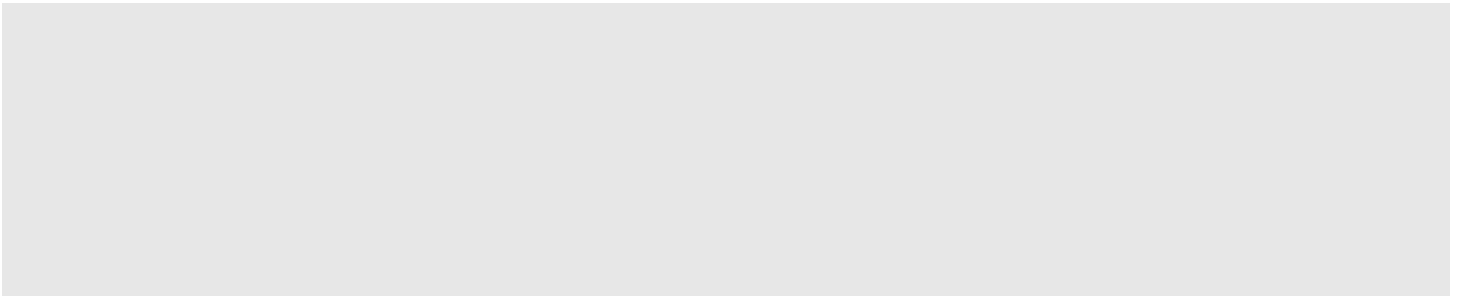
**E. Optional Section to be Completed by Employee:**

This **optional** section is to be completed by the employee. Its purpose is to give the employee an opportunity to document personal/professional achievements, accomplishments and areas of growth that the employee feels would make him/her more effective in his/her role at the College.

**Achievements and accomplishments:** (Areas where you believe you have demonstrated significant accomplishment and achieved stated goals.)



**Areas for growth:** (Areas where you believe improvement would make you more effective in your role at the College.)



Supervisor Signature:

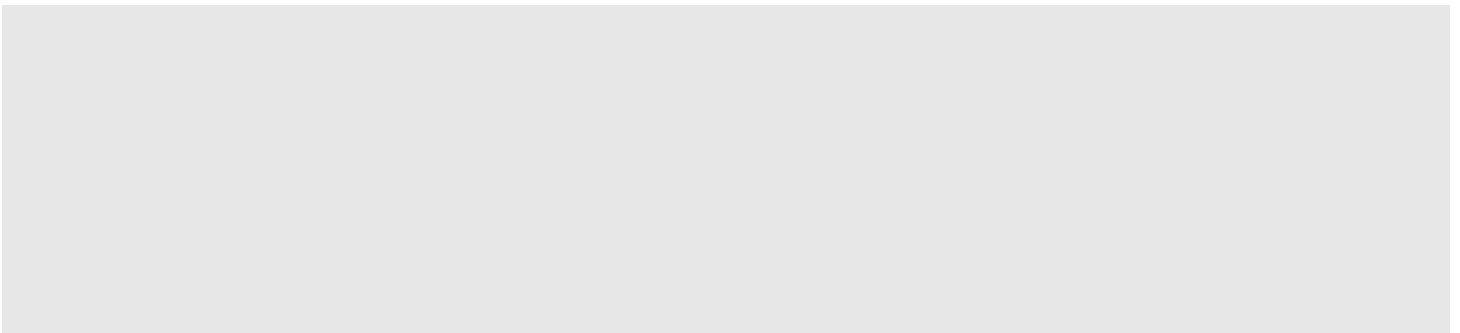
Date:

**I acknowledge I have read the evaluation and understand a copy of it will be placed in my personnel file.**

Employee Signature:

Date:

**F. Employee's Response/Comments:**



cc: Department Administrator  
Personnel File