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| **Section 1. General Information**  Today’s Date: Hire Date:  |
| Employee Name: (Last, First, Middle)   | Employee ID Number: |
| Position Number:  | Role Title: | Work Title: |
| Agency Name & Code: Division/Department Norfolk State University/213  | Sub-Division: |
| Supervisor’s Name:  | Supervisor’s Title: |
| **Section 2. Review Period (check one)**[ ]  90 Day Review [ ]  180 Day Review [ ]  Interim  |
| **Section 3. Progress** |
| 1. Progress made toward Accountability
 |
| 1. Progress made toward Leadership
 |
| 1. Progress made toward Communication
 |
| 1. Progress made toward Decision Making
 |
| 1. Progress made toward University Service
 |
| 1. Progress made toward Public Service
 |
| **Section 4. Overall Results of Review** |
| [ ]  Exceptional[ ]  Effective[ ]  Needs Improvement[ ]  Not Effective |
| **Employee Development Plan** |
| **Personal Learning Goals** | **Learning Steps / Resources Needed** |
| **Section 5. Employee Comments** |
| **Section 6. Signatures** |
| Reviewer’s Signature: | Print Name: | Date: |
| Supervisor’s Signature: | Print Name: | Date: |
| Employee’s Signature: | Print Name: | Date: |