

INTERIM EVALUATION FORM

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| Employee Name: | |
| Supervisor Name: | |
| Meeting Date: | |
| PERFORMANCE AREAS FULLY MEETING JOB CRITERIA OR JOB RESPONSIBILITIES | |
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| PERFORMANCE AREAS IDENTIFIED FOR IMPROVEMENT/SUBSTANDARD | |
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| ADDITIONAL DISCUSSION ITEMS (e.g., project updates, progress on priorities, training and professional development, employee's concerns) | |
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| NEXT STEPS IN EMPLOYEE DEVELOPMENT (for both the supervisor and employee) | |
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| Employee's Signature: | Date: |
| | |
| Supervisor's Signature: | Date: |
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