

# Interim Evaluation Form

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

Supervisor Name: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

<b>Performance Areas Fully Meeting Job Criteria or Job Responsibilities</b>
<b>Performance Areas Identified for Improvement/Substandard</b>
<b>Additional Discussion Items</b> (e.g., project updates, progress on priorities, training and professional development, employee's concerns)
<b>Next Steps in Employee Development</b> (for both the supervisor and employee)

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_