## 2mhclgo1 Performance Management Program

 ***Performance Evaluation Narrative Form***

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| Employee Name:  |  |
|  |
| Title: |  | Department: |  |
|  |
| Date of Hire: |  | Date in Current Position: |  |
|  |
| Supervisor Name:  |  |
|  |
| Today’s Date:  |  |

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**behaviors/Competencies *(Refer to Reference Guide for detail on competencies)***

Mount Holyoke College’s employees are expected to exhibit certain behaviors and responsibilities which are imbedded within the College’s Mission and Values Statement. Please review the detailed definitions and examples of the competencies in the *Community Reference Guide*, page 16, and comment on the employee’s demonstrated ability in each of them as follows: Cooperation and Collaboration, Effectiveness/ Efficiency, Initiative, Flexibility/ Adaptability, Judgment/Decision Making, Open Communication, Planning and Organizing, Professional/ Technical/Procedural Expertise, Project Management, Prudent Use of Resources, Safety, Security & Environmental Awareness, and Service Orientation.

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| **Comments:**  |

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Describe strengths demonstrated during the performance period:

List identified learning needs, skills or abilities to develop to improve/enhance performance:

Describe any barriers to effective work and/or job satisfaction:

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**EMPLOYEES WITH Supervisory RESPONSIBILITIES (complete if applicable)**

Mount Holyoke College employees with supervisory responsibilities are also expected to demonstrate specific behaviors and responsibilities. Please review the supervisory definitions and examples of those competencies in the Community Reference Guide, page 19, and comment on the employee’s demonstrated ability in each of them as follows: Coaching, Leadership/Stewardship, Performance Management.

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| **Comments:** |

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**evaluation**

Please rate employee’s overall performance. Refer to page 15 of the *Community Reference Guide* for the detailed descriptions of the evaluation criteria.

#  ❒ Exceptional ❒ Highly Effective ❒ Effective ❒ Improvement Required ❒ Unsatisfactory

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**RESULTS/GOALS & OBJECTIVES/WORK PLAN**

Determine expected outcomes in the form of quantitative measures or qualitative statements. List three to five major areas of responsibilities and/or projects (see page 5 of the *Community Reference Guide*). Use another sheet if necessary.

Job responsibility/project:

Planned activity:

Expected outcome:

Comments:

Job responsibility/project:

Planned activity:

Expected outcome:

Comments:

Job responsibility/project:

Planned activity:

Expected outcome:

Comments:

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**DEVELOPMENT PLAN**

Think about the knowledge and skills necessary to meet job or department requirements and to further develop in this position (see page 8 of the *Community Reference Guide*). Identify below learning goals/objectives for the year ahead and the specific, planned activity to achieve each goal:

Learning goal/objective:

Planned activity:

Expected outcome:

Comments:

Learning goal/objective:

Planned activity:

Expected outcome:

Comments:

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Employee Signature \* Date

Supervisor Signature Date

Department Head Date

\* Employee’s signature indicates that the employee has reviewed the completed evaluation form, but does not necessarily imply agreement with the entire evaluation. Employees are encouraged to attach written comments to this review.