**Performance Assessment for 2024**

**Employee Name: <Employee Name>**

**Employee Position: <Employee Position>**

**Supervisor Name: <Supervisor Name>**

*Please review the previous year’s performance review and assess completion of goals or development needs. If you have any questions, please call Human Resources (ext. 4301 or 4688).*

**Review of Self-Assessment:** *After reviewing the self-evaluation, provide a detailed explanation of your overall assessment as it relates to the individual’s work performance based on the achievement of previous documented goals and objectives.*

**Goals/Objectives for 2025:** *List specific and measurable goals/objectives that are related to department goals/objectives****.*** *Ensure that the employee’s goals/objectives are both relevant and have specific value to your department.*

**Plans to Address Development Needs:** *Ensure that development plans include an achievable timeline or deadline for completion. These plans should be related to career or performance development, including any resources or trainings that may be necessary to meet the goals established above.*

**Additional Comments:** *Consider using this section as an opportunity to motivate your staff with positive reinforcement (e.g., emphasize good work they’ve done, encouragement to attain goals, etc.).*

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Supervisor Signature Date

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1-over-1 Supervisor Signature *(if necessary)*  Date

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Employee Signature Date