

Interim Evaluation Form

Employee Name: _____

Supervisor Name: _____

Meeting Date: _____

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

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____