**University of Wisconsin Law School**

**PERFORMANCE REVIEW: Expectation/Goal Setting and Summary Evaluation**

|  |  |
| --- | --- |
| NAME: | TYPE OF APPRAISAL: ANNUAL |
| POSITION TITLE: | DEPARTMENT: |
|  |  |
| SUPERVISOR: | REVIEW PERIOD: FROM       TO |

**PERFORMANCE APPRAISAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **EVALUATION FACTOR** |  |  |  |
| **RATE THOSE FACTORS BELOW BY CHECKING THE APPROPRIATE RATING.** | **DEPENDABLE PERFORMER** | **DEVELOPING PERFORMER** | **NEEDS IMPROVEMENT** |
|  |  |  |
| **JOB KNOWLEDGE – TECHNICAL/ PROFESSIONAL:** LEVEL OF KNOWLEDGE, SKILLS AND JUDGMENT APPLIED TO JOB DUTIES AND ASSIGNMENTS. |  |  |  |
| **COMMENTS:** |  |  |  |
| **PRODUCTIVITY:** COMPLETES ASSIGNED WORK IN A TIMELY, ACCURATE AND USABLE FASHION. |  |  |  |
| **COMMENTS:** |  |  |  |
| **INITIATIVE:** DEMONSTRATES INDEPENDENT ACTION AND RESOURCEFULNESS ON JOB. PERFORMS CONSISTENTLY AND ACCEPTABLY WHILE CONSIDERING BETTER WAYS TO SUPPORT OUR FACULTY, STAFF AND STUDENTS. |  |  |  |
| **COMMENTS:** |  |  |  |
| **COMMUNICATION:** COMMUNICATES CLEARLY AND CONCISELY IN BOTH VERBAL AND WRITTEN FORM. HAS EFFECTIVE LISTENING SKILLS. |  |  |  |
| **COMMENTS:** |  |  |  |
| **COLLABORATIVE/TEAM-ORIENTED:** WORKS EFFECTIVELY WITH OTHERS, BOTH INSIDE AND OUTSIDE THE DEPARTMENT AND LAW SCHOOL AS APPROPRIATE. |  |  |  |
| **COMMENTS:** |  |  |  |
| **PROFESSIONALISM:** POSSESSES COMMITMENT TO SUCCESSFUL COMPLETION OF JOB REQUIREMENTS WHILE DISPLAYING A GENUINE OPEN, COURTEOUS AND COLLABORATIVE NATURE. |  |  |  |
| **COMMENTS:** |  |  |  |
| **FLEXIBLE/ADAPTABLE:** ADJUSTS QUICKLY TO CHANGE. REMAINS FLEXIBLE AND PRODUCTIVE. |  |  |  |
| **COMMENTS:** |  |  |  |
| **RELIABILITY/DEPENDABILITY:**  DEMONSTRATES ABILITY TO COMPLETE PROJECTS IN A TIMELY MANNER WHILE WORKING INDEPENDENTLY. ATTENDANCE IS CONSISTENT WITH ADEQUATE NOTICE OF ABSENCES. |  |  |  |
| **COMMENTS:** |  |  |  |

**Your goals from last year were (attached/see below):**

1. **Did you meet your goals? What went well? What could have been done differently?**
2. **What do you feel your major accomplishments were in the past year?**
3. **Please list goals you have for yourself for the next year:**
4. **What training or resources will you need to achieve these goals? What can your supervisor do to help you?**
5. **What are your long term career goals? Are there any professional development opportunities you’d like to explore?**

**OVERALL PERFORMANCE APPRAISAL RATING (MARK ONE):**

**DEPENDABLE Performer - Consistently meets expectations or exceeds them. Performance criteria are met and goals and objectives are satisfactorily achieved. Performance is at a high level of quality.**

**DEVELOPING Performer - Is learning job skills and developing competence in the position. Greater growth and development is anticipated. New employees, newly promoted or transferred employees may fall into this category. Requires support in the form of coaching and feedback to continue to make progress.**

**NEEDS Improvement - Performance in some cases is below acceptable limits. Some elements of satisfactory performance are exhibited. A rating at this level assumes change is required and additional coaching and feedback is necessary.**

|  |
| --- |
| **SUPERVISOR SUPPORTING COMMENTS FOR OVERALL RATING:** |
|  |
| **EMPLOYEE'S COMMENTS REGARDING APPRAISAL:** |
|  |

**We have reviewed the employee’s position description: Please circle: YES or NO**

**The employee’s job description needs to be updated: Please circle: YES or NO**

**\*If job description needs updating, please attach an updated copy and send to the Human Resources Manager.**

**I understand that my signature indicates that I have reviewed and discussed this evaluation with my supervisor and have either received or will receive a copy of this form. My signature does *not* necessarily imply my agreement with this evaluation.**

|  |  |  |
| --- | --- | --- |
| SUPERVISOR:  (NAME) (TITLE) |  | EMPLOYEE:  (NAME) (TITLE) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Employee Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Supervisor Signature |  | Date |