**University Of Illinois**

**STUDENT AFFAIRS**

**PERFORMANCE APPRAISAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name: | Last Name, First Name | Position Title: | Enter Complete Position Title |
| Performance Type: | Annual | Performance Period: | YYYY -YYYY |
| Reviewer Name: | Last Name, First Name | Department: | Choose from drop-down |

*Please use the following rating scale to evaluate the performance of the aforementioned employee.*

| **Rating Scale** | **Definition** |
| --- | --- |
| **Outstanding (4)** | Work was outstanding in nearly all areas. The contributions made to Student Affairs and/or unit were significant, and consistently exceeded expectations and role requirements. This employee’s behavior is worthy of emulation and is appreciated. |
| **Commendable (3)** | Work was consistently above the requirements in most areas. While the employee has a few areas to work on, their commitment and contributions are commendable and appreciated. |
| **Satisfactory (2):** | Work meets established expectation and requirements of this position. The employee should continue the efforts to develop, and the supervisor will assist to help the employee reach their full potential. |
| **Needs Improvement (1)** | Work meets only the most basic requirements of the position and needs improvement. While the employee may have performed acceptably in some areas, improvement is needed, and the supervisor will assist in this process. Failure to improve may result in additional action. |
| **Unsatisfactory (0***)* | Work is below basic requirements in critical aspects of the job, and immediate improvement is required. Performance at this level is subject to continual review. The supervisor will work with employee to develop a written performance development plan with measurable goals and a timeline for reevaluation. **Failure to improve or an overall rating at this level could result in a notification of non-reappointment.** |

1. **REVIEW OF PROFESSIONAL COMPETENCIES**

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| --- | --- |
| **Competency and Definition**  RATING | |
| **Equity & Inclusion** Maintain cross-cultural awareness. Demonstrate inclusion, fairness, consistency and affirmative practices among members of the University as well as differing points of view among colleagues and students. Take action to promote equity and diversity.  Comments: |  |
| **Job Knowledge** Understand the responsibilities of the position, unit’s and Student Affairs’ goals. Utilize job-related information, procedures, and skills effectively. Pursue training or education to advance knowledge/skills that will allow for further contribution to team success.  Comments: |  |
| **Integrity and Credibility** Display behaviors in an honest, fair, and ethical manner. Is consistent in words and actions.  Comments: |  |
| **Professional Relationships and Collaboration** Build collaborative working relationships and serve as an effective team member. Promote an atmosphere of respect and cooperation. Offer assistance, support, and feedback.  Comments: |  |
| **Adaptability** Demonstrate ability and willingness to adjust to changing work conditions. Anticipate, respond to and embrace change and is willing to make accommodations. Work effectively under pressure.  Comments: |  |
| **Specialty Competency** – Unit Focused  Comments: |  |
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| **Specialty Competency** – Unit Focused  Comments: |  |
| **Specialty Competency** – Unit Focused  Comments: |  |
| **Specialty Competency** – Unit Focused  Comments: |  |

Overall Total:

1. **OVERALL PERFORMANCE RATING & COMMENTS**

Reviewer provides performance summary and offers constructive feedback and development plan as appropriate.

Click here to enter text.

1. **EMPLOYEE COMMENTS (OPTIONAL)**

The Employee may comment on the Performance Appraisal.

Click here to enter text.

1. **GOALS AND RESPONSIBILITIES**

|  |  |
| --- | --- |
| **Goals from Past Appraisal Period**  *(List Goals assigned to the employee during the previous review period)* | **Assessment of Goals accomplished**  *(Select status based on the Employee’s completed Self-Evaluation Form)* |
|  | Select from drop-down |
|  | Select from drop-down |
|  | Select from drop-down |
|  | Select from drop-down |
| Reviewer’s Comments: | |

|  |  |
| --- | --- |
| **Future Goals for the Next Appraisal Period**  *(List Goals assigned to the employee during the next review period)* | **Goal Measurement**  *(Provide specific metrics to measure the goal.)* |
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1. **ACKNOWLEDGMENT**

*This Performance Appraisal will be part of the Employee’s Unit personnel file. Please sign and date below to acknowledge the Employee has received this document.*

*I acknowledge that I have had an opportunity to review this document and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the information contained herein.*

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(Signature of Employee) (Date)

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(Signature of Reviewer) (Date)

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(Signature of 2nd Level Review) (Date)