

## P-14 Evaluation Form

Use for Self-Evaluation and Supervisor-Evaluation

Employee Name (Last, First, Middle)		HR Employee ID #:
Agency THOMAS NELSON COMMUNITY COLLEGE	Sub-Division	
Supervisor's Name	Supervisor's Title	

**Comments on Overall Progress** (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary. Indicate # of attachments here: \_\_\_\_)

### Overall Results of Review

- Contributor                      Performance shows meets established performance expectations.
- Below Contributor                Performance shows deficiencies which interfere with the attainment of performance expectations.

### Employee Development Plan

(Attachments may be added if necessary. Indicate # of attachments here: \_\_\_\_)

<p style="text-align: center;"><b>Personal Learning Goals</b></p>	<p style="text-align: center;"><b>Learning Steps/Resource Needs</b></p>
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Supervisor's Signature: <p style="text-align: center; color: gray;">DO NOT USE FOR SELF-EVALUATION</p>	Date:
Reviewer's Signature: <p style="text-align: center; color: gray;">DO NOT USE FOR SELF-EVALUATION</p>	Date:
Employee's Signature:	Date: