## Interim Evaluation Form

Employee Name: \_\_\_\_\_

Supervisor Name:

Meeting Date:\_\_\_\_\_

<b>Performance</b> A	Areas Fully	Meeting Job	Criteria or	Job Res	ponsibilities
	a out i uny	mooting ook			

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:\_\_\_\_\_

D	<u>nt</u>	<b>`</b>		
$ \mathbf{D} $	aı	С.		