

# TRIAL SERVICE EMPLOYEE PERFORMANCE EVALUATION REVIEW

## MIDPOINT OF TRIAL SERVICE PERIOD

Employee Name		Position Title	
Supervisor		Program(s)	
Evaluation Period	From	To	Today's Date
<b>Instructions:</b> Meet with the employee to review status of the areas below and progress toward goals. Once this document is reviewed it will be scanned and emailed to the employee. This document is to provide a mutual understanding at the midpoint of the evaluation period. This document will not be placed in the personnel file.			

<b>Position linkage with the District's Mission, Core Values, and Guiding Principles</b> What is the status of the first half of the trial service period for the employee's responsibilities of this position linkage or contribution to the achievement of the District's mission, core values, and guiding principles? Provide a brief summary.

<b>Performance Expectations</b> What is the status of the first half of the trial service period for the expectations based on the position's essential functions and the most important objectives, outcomes, and/or special assignments? Provide a brief summary.

<b>Training &amp; Development Needs/Opportunities</b> What is the status of the first half of the trial service period for the training and development needs and opportunities that the employee should focus on in order to develop the knowledge, skills, and abilities needed to meet the above expectations? Provide a brief summary.

**Organizational Support Needed by the Employee to Meet Performance Expectations**

What is the status of the first half of the trial service period for the employee's identified support needed? Is there any additional support needed that was not identified at the beginning of the evaluation period to meet the performance expectations? Provide a brief summary.

(To be completed only by the employee)

*I acknowledge that this performance evaluation was reviewed and discussed with me. If I disagree with the outcome of this performance evaluation, I can submit a formal response to the evaluation, which will be placed in my personnel file along with this evaluation.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRIAL SERVICE EMPLOYEE PERFORMANCE EVALUATION REVIEW

### END OF TRIAL SERVICE PERIOD

Employee Name				Position Title	
Supervisor				Program(s)	
Evaluation Period	From		To	Today's Date	

**Instructions:** Meet with the employee to review status of the areas below and progress toward goals. Once this document is reviewed it will be scanned and emailed to the employee. This document is to provide a mutual understanding at the midpoint of the evaluation period. This document will not be placed in the Personnel File.

#### Position linkage with the District's Mission, Core Values, and Guiding Principles

What is the status of the trial service period for the employee's responsibilities of this position linkage or contribution to the achievement of the District's mission, core values, and guiding principles? Provide a brief summary.

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#### Performance Expectations

What is the status of the trial service period for the expectations based on the position's essential functions and the most important objectives, outcomes, and/or special assignments? Provide a brief summary.

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#### Training & Development Needs/Opportunities

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What is the status of the trial service period for the training and development needs and opportunities that the employee should focus on in order to develop the knowledge, skills, and abilities needed to meet the above expectations? Provide a brief summary.

**Organizational Support Needed by the Employee to Meet Performance Expectations**

What is the status of the trial service period for the employee's identified support needed? Is there any additional support needed that was not identified at the beginning of the evaluation period to meet the performance expectations? Provide a brief summary.

(To be completed only by the employee.)

*I acknowledge that this performance evaluation was reviewed and discussed with me. If I disagree with the outcome of this performance evaluation, I can submit a formal response to the evaluation, which will be placed in my personnel file along with this evaluation.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_