

PERFORMANCE DISCUSSION AND PLANNING
SELF APPRAISAL

Employee Name: _____ Supervisor: _____
Title: _____ Supervisor Title: _____
Department: _____ Date: _____



Current job description reviewed together – updates to be submitted *electronically* to Emily Marcotte at emarcotte@smcvt.edu.

It is the mission of Saint Michael’s College to contribute through higher education to the enhancement of the human person and to the advancement of human culture in the light of the Catholic faith.

Please submit *signed* copy *electronically* to emarcotte@smcvt.edu.

Use the attached prompts for your discussions and written comments. Reference the core competencies on page 3.

CORE COMPETENCIES

DECISION MAKING:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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COMMUNICATION:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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INTEGRITY:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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DIVERSITY AND INCLUSION:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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LEADERSHIP:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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MANAGING PEOPLE (IF APPLICABLE):

<i>Comments:</i>	Enter text electronically using Microsoft Word
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TEAMWORK:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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PROFESSIONALISM:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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STEWARDSHIP OF RESOURCES:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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SUPPORTS THE MISSION OF THE COLLEGE:

<i>Comments:</i>	Enter text electronically using Microsoft Word
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DISCUSSION SUMMARY AND GOAL SETTING

ACCOMPLISHMENTS:

Enter text electronically using Microsoft Word
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GOALS FOR THE UPCOMING YEAR:

Enter text electronically using Microsoft Word
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EMPLOYEE COMMENTS:

Enter text electronically using Microsoft Word
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Supervisor's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

The employee signature indicates that the performance review has taken place and that you have read the form; it does not necessarily signify agreement.