**Performance and Development Plan (PDP) Evaluation**

***Alternate Version***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Evaluation  Choose an evaluation type. | | | Type of Appointment  Choose an appointment type. | | | | Performance Period  From       To |
| Employee Last Name | | | Employee First Name | | | | Employee Middle Initial |
| Personnel Number | | | Class Title | | | | Working Title |
| Position Number | | | Agency/Division/Unit | | | | Evaluator’s Name |
| **Part 1: Results & Competencies** | | | | | | | |
| **Key Results**   |  |  |  | | --- | --- | --- | | Assignment Title & Status: | Click to enter text. | Choose a status. | | Success Measure(s): | Click to enter text. | | | Assessment of Performance: | Click to enter text. | | | Assignment Title & Status: | Click to enter text. | Choose a status. | | Success Measure(s): | Click to enter text. | | | Assessment of Performance: | Click to enter text. | | | Assignment Title & Status: | Click to enter text. | Choose a status. | | Success Measure(s): | Click to enter text. | | | Assessment of Performance: | Click to enter text. | | | Assignment Title & Status: | Click to enter text. | Choose a status. | | Success Measure(s): | Click to enter text. | | | Assessment of Performance: | Click to enter text. | | | Assignment Title & Status: | Click to enter text. | Choose a status. | | Success Measure(s): | Click to enter text. | | | Assessment of Performance: | Click to enter text. | | | | | | | | | |
| **Key Competencies**   |  |  | | --- | --- | | **Short Title** | **Description of Progress** | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | Click to enter text. | Click to enter text. | | **Other Relevant Information** (optional)  Click to enter text. | | | | | | | | | |
| **Part 2: Training & Development** | | | | | | | |
| **Title**  Click to enter text. | | **Status**  Choose a status. | | | **Description of Key Learning Observed**  Click to enter text. | | |
| Click to enter text. | | Choose a status. | | | Click to enter text. | | |
| Click to enter text. | | Choose a status. | | | Click to enter text. | | |
| **Part 3: Employee Comments** (Optional)  The *employee* may use this section to comment on the evaluation, share observations, and/or evaluate how well the organization has met the expectations stated in Part 3 (Organizational Support) of the PDP Expectations form. | | | | | | | |
| Click to enter text. | | | | | | | |
| **Part 4: (Interim Use Only) New Expectations for the Remainder of the Performance Period** | | | | | | | |
| |  |  | | --- | --- | | **Assignment Title:** | Click to enter text. | | Assignment Description: | Click to enter text. | | Assessment by:   * Supervisor Observation: | *Describe the assessment method(s) that apply:*  Click to enter text. | | * Feedback: | Click to enter text. | | * Other: | Click to enter text. | | Success is (measure): | Click to enter text. | | **Competency Short Title** | **Description of Knowledge, Skill, or Behavior** | | Click to enter text. | Click to enter text. | | **Training/Development Title**  Click to enter text. | **Key Learning Expected**  Click to enter text. | | | | | | | | |
| **Acknowledgement Of Performance Evaluation**  The signatures below indicate that the supervisor and employee have discussed the contents of this evaluation. | | | | | | | |
| **This report is based on my best judgment.** | | | | | | | |
| Date | Evaluator’s Signature | | | | | | |
| **This report has been discussed with me.** | | | | | | | |
| Date | Employee’s Signature | | | | | | |
| **I have reviewed this report and in my judgment, the process has been properly followed. In addition, the following comments are offered concerning the employee’s performance.** | | | | | | | |
| Comments:  Click to enter text. | | | | Date | | Reviewer’s Signature | |
| ***NOTE:*** *Typically, once the performance evaluation is completed and signed by all parties,* the supervisor provides the employee a copy and the original is forwarded to Human Resources to be placed in the employee’s personnel file. Supervisors should check with their Human Resources office for organization specific instructions. End document. | | | | | | | |