Performance and Development Plan (PDP) – Evaluation (Alternate Version)

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Evaluation Inform	ation			
Type of Evaluation:		Interim Review	Fina	l Evaluation
Performance Period:	From	То		
Purpose of Plan and Rev	riew:	Annual	Trial Service	Probationary
		Transitional	Other, Specify:	
Employee Informa	ation			
Last Name:		First Name:		Middle Initial:
Personnel Number:		Position Number:		
Class Title:				
Working Title:				
Agency/Division/Unit:				
Evaluator's Name:				
Part 1: Results &	Competen	icies		
Provide an assessment of Competencies expected. Key Results				
Assignment 1 Title:			Status:	
Success Measure(s):				
Assessment of Performa	nce:			
Assignment 2 Title:			Status:	
Success Measure(s):				
Assessment of Performa	nce:			

Status:	
Status:	
Status:	
	Status:

Competency 5 Short Title: Description of Progress:				
Other Relevant Information (optional)				
Part 2: Training & Development				
Title 1:	Status:			
Description of Key Learning Observed:				
Title 2:	Status:			
Description of Key Learning Observed:				
Title 3:	Status:			
Description of Key Learning Observed:				
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.				
Part 4: Interim Reviews				
	the performance period to adjust			
Part 4 is an optional section that may be used during the course of performance expectations if circumstances change, and/or to document of the course of performance expectations if circumstances change, and/or to document of the course of	• • • • • • • • • • • • • • • • • • • •			
Assignment Title:				

Assignment Description:

Assessment Methods (Provide description for each assessment category	that applies):
Supervisor Observation:	
Feedback:	
Other:	
Success is (measure):	
Competency Short Title:	
Description of Knowledge, Skill, or Behavior:	
Training/Development Title:	
Key Learning Expected:	
Acknowledgement of Performance Evaluation	
The signatures below indicate that the supervisor and employee have dis evaluation.	scussed the contents of this
Please type your full name in the signature fields. Do not use E-sign features or insert s	ignature image.
This report is based on my best judgment.	
Evaluator's Signature:	Date:
This report has been discussed with me.	
Employee's Signature:	Date:
I have reviewed this report, and in my judgment, the process has be addition, the following comments are offered concerning the employ	
Comments:	
Please type your full name in the signature fields. Do not use E-sign features or insert s	ignature image.
Reviewer's Signature:	Date:
NOTE: Typically, once the performance evaluation is completed and sign supervisor provides the employee with a copy and the original is forward be placed in the employee's personnel file. Supervisors should check with office for organization-specific instructions.	ed to Human Resources to

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