

EMPLOYEE PERFORMANCE EVALUATION FORM for EFNEP		
PART I – RATED EMPLOYEE IDENTIFICATION		
Name (Last, First, MI)	Employee I.D. Number	Institution
Position Title	Grade	Position Number
PART II – RATER EMPLOYEE IDENTIFICATION		
Name of Rater (Last, First, MI)	Telephone Number	Position Title
PART III – REVIEWING OFFICIAL EMPLOYEE IDENTIFICATION		
Name of Reviewing Official (Last, First, MI)	Telephone Number	Position Title
PART IV – PERFORMANCE STANDARDS		
Duty Area: Self Management		Relative Importance: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:		
<ul style="list-style-type: none"> ✓ Uses time and resources constructively so that all tasks and records are completed by deadline. To be monitored by random review. ✓ Consistently follows instructions and asks for clarification before beginning a task when instructions are unclear as verified by supervisor observation. ✓ Does not abuse leave, attendance or other applicable work management policies as observed by supervisor. Annual leave is requested and approved in advance. ✓ Builds trust and credibility by demonstrating reliability and consistency. ✓ Adheres to assigned schedule, always notifies supervisor of changes in itinerary as soon as possible, as observed by supervisor. ✓ Exhibits professionalism in behavior and personal presentation with no documented complaints. ✓ Organizes and prioritizes tasks consistently to meet outlined deadlines within the expected time frame with minimal delays, as observed by the supervisor. ✓ Consistently keeps records accurate and information confidential with no documented complaints. ✓ Recognizes and respects the differences in people with no documented complaints. ✓ Supports the Division's non-discrimination objectives as observed by supervisor. 		
Comments/Justification (required for rating other than satisfactory):		
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		
Duty Area: Program Delivery		Relative Importance: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:		
<ul style="list-style-type: none"> ✓ Understands and communicates the purpose of the program to participants as measured by supervisor observation and / or evaluation by participants. ✓ Uses approved curricula and supporting materials to teach lessons through interactive activities with participants, as observed by supervisor and through random observation. ✓ Exhibits sufficient knowledge of subject matter. Relates well to participants needs as observed through monthly observations. ✓ Shows sensitivity to individual needs in accordance with programmatic civil rights compliance requirements with no documented complaints. ✓ Attends and participates in required trainings to enhance program delivery, as observed by supervisor and trainer. Employee must schedule make-up session with supervisor within one month after training. ✓ Conducts a minimum of eight food demonstrations per month, as documented through reports and observations. 		
<ul style="list-style-type: none"> ✓ Maintains enrollment that approximates racial composition of area assigned and addresses clientele needs accordingly. To be monitored by random review of work and records. ✓ Establishes and maintains respectful and cooperative working relationships with other agencies and organizations with no documented complaints. ✓ Consistently informs participants of other community resources when appropriate and consults with supervisor as necessary. 		
Results:		
Comments/Justification (required for rating other than satisfactory):		
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>		

Duty Area: Progress with Participants	Relative Importance: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:	
<ul style="list-style-type: none"> ✓ Graduates 90-110 participants annually. Documented reports will be used to measure standard. ✓ 200 youth are enrolled annually. Documented reports will be used to measure standard. ✓ Work collaboratively with Extension staff to transition youth into the 4-H and youth development program annually. ✓ Works collaboratively with Extension staff to transition graduated participants into other UACES programs. 	
Results:	
Comments/Justification (required for rating other than satisfactory):	
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
Duty Area: Teamwork	Relative Importance: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:	
<ul style="list-style-type: none"> ✓ Receptive to supervision suggestions and constructive criticism, as observed by supervisor. ✓ Expresses disagreement constructively, as documented by supervisor. ✓ Shares information, expertise and resources with co-workers, as observed by supervisor. ✓ Listens to and respects the ideas of others, as observed by supervisor. 	
Results:	
Comments/Justification (required for rating other than satisfactory):	
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
Duty Area: Communication	Relative Importance: A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:	
<ul style="list-style-type: none"> ✓ Demonstrates the oral communication skills required for the job as reported by coworkers and clientele and as observed by supervisor. ✓ Writes clearly and concisely on reports, as documented through submitted reports. ✓ Is able to speak up, communicate information and ask for clarification. ✓ Demonstrates appropriate non-verbal behavior, as observed by supervisor. ✓ Listens to feedback and acts to improve. 	
Results:	
Comments/Justification (required for rating other than satisfactory):	
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	
Duty Area:	Relative Importance: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
Standards:	
Results:	
Comments/Justification (required for rating other than satisfactory):	
Exceeds Standard <input type="checkbox"/> Above Average <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/>	

Approval of Duty Areas and Standards

Complete at the beginning of the rating period:

My rater and I have established the above duty areas and standards, and I understand my performance during the coming rating period will be measured against them.

Employee's Signature: _____ Date: _____

Rater's Signature: _____ Date: _____

I have reviewed these duty areas and standards and agree that they are appropriate for the position.

Reviewing Official's Signature _____ Date: _____

PART V – OVERALL RATING

Overall Rating: It is understood that an Unsatisfactory in any field above precludes awarding an Exceeds Standard or Above Average rating during this period. **The overall rating received is determined at the discretion of the rating official.**

Exceeds Standard Above Average Satisfactory Unsatisfactory

Rating Period Beginning Date: _____

Rating Period Ending Date: _____

Yes No

This employee has received a written reprimand or disciplinary notice since the last performance evaluation rating.

Approval of Overall Rating

Complete at the end of the rating period:

By signing below the rater verifies that he/she has consulted with the reviewing official on the justification for any overall rating other than "Satisfactory."

Rater's Signature: _____ Date: _____

By signing below the employee concurs only that the performance evaluation has been conducted. The employee's signature does not indicate that he or she agrees with the evaluation. Comments concerning performance may be submitted on a separate sheet.

Employee's Signature: _____ Date: _____

By signing below the rater certifies that the performance evaluation has been completed and forwarded to the reviewing official.

Rater's Signature: _____ Date: _____

Reviewing Official's Signature: _____ Date: _____