# Performance and Development Plan (PDP) – Evaluation

## Evaluation Information

Type of Evaluation: [ ]  Interim Review [ ]  Final Evaluation

Performance Period: From: Enter date To: Enter date

Purpose of Plan and Review: [ ]  Annual [ ]  Trial Service [ ]  Probationary

[ ]  Transitional [ ]  Other, specify: Enter text

## Employee Information

Last Name: Enter text First Name: Enter text Middle Initial: Enter text

Personnel Number: Enter number Position Number: Enter number

Class Title: Enter title Working Title: Enter title

Agency/Division/Unit: Enter agency/division/unit

Evaluator’s Name: Enter name

## Part 4: Interim Reviews (Optional)

Part 4 is an optional section that may be used during the course of the performance period to adjust performance expectations if circumstances change, and/or to document interim feedback sessions.

Enter text

## Part 5: Performance Assessment

Provide a narrative assessment of the employee’s performance in relation to the Key Results and Competencies Expected that were outlined in Part 1. The assessment must be based on performance observed or verified.

### Key Results

To what degree did the employee accomplish the expected results and how well were they done?

Enter text

### Key Competencies

How well (or how frequently) did the employee demonstrate the knowledge, skills, abilities and behaviors expected?

Enter text

### Other Relevant Information (Optional)

Enter text

## Acknowledgement of Performance Evaluation

The signatures below indicate that the supervisor and employee have discussed the contents of this evaluation.

Please type your full name in the signature fields. Do not use E-sign features or insert signature images.

**This report is based on my best judgment.**

Evaluator’s Signature: Enter signature Date: Enter date

**This report has been discussed with me.**

Employee’s Signature: Enter signature Date: Enter date

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:

Enter comments

*Please type your full name in the signature fields.* ***Do not*** *use E-sign features or insert signature images.*

Reviewer’s Signature: Enter signature Date: Enter date

**NOTE:** Typically, once the performance evaluation is completed and signed by all parties, the supervisor provides the employee with 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.