NTP Performance Evaluation - Continuing Appointment

Employee Name _______________________________________    Evaluation Period _____________________

Part A: Supervisory ratings

Step 1: Please rate your employee on each of the following factors which characterize the job performance of all NTPs by checking the appropriate category. Provide brief comments if necessary to explain the rating. An explanatory comment must be made if there is a rating of "Needs Improvement."

a. Program/subject matter knowledge: The employee is fully knowledgeable about the varied professional subject matters required to perform the duties, and maintains awareness of developments in the field.

___ Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

b. Organizational Skills/Responsiveness: The employee manages the workload effectively and is timely in accomplishing required functions.

___ Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

c. Communication skills: The employee communicates effectively with internal and external contacts.

___ Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Step 2: Please provide a rating and comment concerning the employee's supervisory skills IF supervision of other employees is a required function; if not, go to Step 3.

___ Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments:_________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Employee Name ____________________________ Evaluation Period __________________

**Step 3:** This step is optional but may be of assistance in accurately reflecting the employee's performance during the evaluation period. The job performed by the employee may call for the exercise of skills not fully reflected in the above-rated factors. From the list provided in the Instructions or from your own knowledge of the position, please provide, briefly describe and rate one or two such additional factors in the employee's performance.

___ The factors above adequately describe performance OR:

Factor a. ________________________________________________________________

................................................................................................................................

___Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments: ____________________________________________________________________

................................................................................................................................

................................................................................................................................

Factor b. ________________________________________________________________

................................................................................................................................

................................................................................................................................

___ Exceeds expectations ___ Meets expectations ___ Needs improvement

Comments: ____________________________________________________________________

................................................................................................................................

................................................................................................................................

................................................................................................................................

**Step 4:** With reference to the foregoing ratings and accomplishment of goals for the evaluation period, please rate the employee's overall performance on the scale below. Provide additional comments as necessary to explain the rating.

___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___
Unsatisfactory Adequate Wholly Satisfactory Very Good Superior

Comments: ____________________________________________________________________

................................................................................................................................

................................................................................................................................

................................................................................................................................

................................................................................................................................
Part B: Supervisory identification of training/resource needs

Please indicate below any training which might be provided to the employee by the College in order to (1) facilitate or enhance current job function and (2) enhance general professional development. Check the box below if no training needs are indicated in either category.

--- No training needs

1. training for enhanced job function: ______________________________________________

2. training which would enhance the employee’s professional development and opportunity: ______________________________________________

Supervisor’s signature ___________________  Date ________________
(to be signed at meeting with employee)
Employee Name _______________________________________    Evaluation Period _____________________

Part C. Employee response to supervisory ratings

In the spaces provided, please provide a response, if you deem it appropriate, to the ratings and comments provided by your supervisor in Part A. Check the box below if you have no comments.

___ I am satisfied with my supervisor's ratings OR:

Program/subject matter knowledge_____________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Organizational skills/responsiveness___________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Communication skills_______________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Supervisory skills________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Additional factors________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Employee Name _______________________________________    Evaluation Period _________________

Summary rating____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Training needs____________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

_______________________________                            _______________________
Employee signature                                                                                        Date
(to be signed at meeting with supervisor)
Employee Name _________________________________    Evaluation Period _______________________

Part D: Employee review/update of job description:

With reference to your current job description, please indicate any significant changes in job function during the appraisal period. Do not simply add detail to existing accurate duty statements; the changes must be additional new duties, elimination of duties no longer performed or significant changes in job focus.

Check the box below if the job description remains accurate.

___ No changes to job description

1. Change in general description including reporting relationships (supervised by, supervision of):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. Additional significant duties not on current description: _____________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

3. Duties on current description no longer performed or no longer relevant. Please indicate by number from job description: ______________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Part E. Summary of Supervisor/Employee meeting

To be completed by supervisor: Please check the box or briefly reflect the substance of your discussion with the employee concerning:

Your ratings and the employee's response thereto:

___ agreement on ratings OR: ____________________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Your identified training needs:

___ agreement on training needs OR: ______________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Employee's updates to job description:

___ agreement on job description OR: ______________________________________________________

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Identified goals for the coming year:

1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

_____________________________________                          ___________________
Supervisor signature                                                                                          Date
Employee Name _______________________________    Evaluation Period _____________________

Part F. Signatures and comments of administrative chain

_____________________________________                            _________________ 
Administrative supervisor                                                                                Date

Comments:_________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

_____________________________________                           __________________
Reporting Vice President                                                                                        Date

Comments:_________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________