**Cooperative Extension Service**



# Performance Appraisal Summary Form

## Extension Agent and Staff Chair

|  |  |
| --- | --- |
| Employee Name (Last, First, MI): | |
| County: | Position Title: |
| Name of Rater: | Rater’s Title: |
| Review Period FROM: | TO: |

| **Performance Factors** | **Criteria** | **Points** |
| --- | --- | --- |
| ***Program Planning and Development***  **(3 points)** | Annual Plan of Work |  |
| ***Program Implementation***  **(6 points)** | Implementation |  |
| Equity, Access and Opportunity |  |
| Technology and Innovation |  |
| ***Program Evaluation/Accountability***  **(3 points)** | Evaluation/Outcome/Impacts |  |
| Reporting |  |
| ***Professionalism***  **(3 points)** | Customer Service |  |
| Policy Compliance |  |
| Professional Development |  |
| Work Habits |  |
| Interpersonal Skills |  |
| ***Community and Organizational Leadership***  **(3 points)** | Leadership |  |
| Optimizing Staff and Volunteers |  |
| Resource Management |  |
| ***TOTAL POINTS* 18** |  | 0 |

**OVERALL COMMENTS**

| **Overall Rating** | **Total Points** | **Score** |
| --- | --- | --- |
| Exceeds Standards | 16-18 | 4.5-5.0 |
| Above Average | 12-15 | 3.5-4.49 |
| Satisfactory | 5-11 | 2.5-3.49 |
| Needs Improvement | 2-4 | 1.5-2.49 |
| Unsatisfactory | 0-1 | 0-1.49 |

This report represents my complete appraisal of this employee during the evaluation period.

Reviewing Official’s Signature

Date:

Supervisor’s Signature

Date:

*I understand that my signature does not mean that I necessarily agree or disagree with the performance appraisal. It has been discussed with me, and I have received a copy of the performance appraisal document*

*.*

Employee’s Signature

Date:

EEVAL-151 rev 9-13-2016