

# DEPARTMENT NAME Staff

## Annual Performance Evaluation—Discussion Topics

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| **Employee Name and Title**: | **Date of Review**: |
| **Supervisor Name and Title**: | **Review Period:** |

Please complete the following questions and return this form one week prior to the scheduled performance evaluation.

### Highlight new or ongoing contributions from the past year.

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### What specific training, projects and/or goals are you planning for next year? (Example: See strategic plans from the staff retreat.)

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### What would increase your job satisfaction?

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### Do you feel you receive adequate feedback on your performance? What specific changes, if any, would you recommend?

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### What additional tools or training do you need to meet your job responsibilities?

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### What are the most challenging aspects of your position?

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### In what additional ways can I, as your manager, assist with your professional development and career goals in the coming year?

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### Any other topics you would like to discuss?

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