

# DEPARTMENT NAME Staff

## Annual Performance Evaluation—Discussion Topics

|  |  |
| --- | --- |
| **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.

|  |
| --- |
|  |

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

|  |
| --- |
|  |

### What would increase your job satisfaction?

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |