

## Management Personnel Plan Performance Review/Learning Assessment

<b>Name:</b> _____	<b>Performance Period:</b> From: _____ To: _____
<b>Employee ID:</b> _____	<b>Working Title:</b> _____ <b>Department:</b> _____
<b>Appraisal Type:</b> 6 Month <input type="checkbox"/> Annual Evaluation <input type="checkbox"/> Other (specify): _____	

**I. GOALS/OBJECTIVES:** Discuss the major goals and objectives previously established for this rating period and comment on the results attained. Be specific and where possible use quantifiable measures. The rated employee should complete this section first and then the supervisor should provide comments and assessment.

**Overall Performance Comments (summary statement based on goals/objectives accomplishment):**

<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Exceeds Expectations
Supervisor's Summary Statement:		

**II. UNIVERSITY COMPETENCIES:** This section is a development tool to help the rated individual identify areas of strength and those areas that need further development. Each skill/competency has several descriptive statements. The employee should fill in the form first by selecting the level of importance during this reporting period, and then by placing a check mark in the "Strength" and "Development Needed" categories, as appropriate. The supervisor will then complete the same process. Special attention should be given to any area where there is a difference in the ratings of the employee and supervisor. This process is designed to facilitate discussion on competencies. Comments relating to this area should be communicated in Section III, Development Plan.

IMPORTANCE <i>1 = Important 2 = Very important 3 = Critical</i>		STRENGTH		STILL DEVELOPING		SKILLS/COMPETENCIES
Employee	Rater	Employee	Rater	Employee	Rater	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>COMMITMENT TO EXCELLENCE:</b> <ul style="list-style-type: none"> <li>Completes work on schedule; meets deadlines.</li> <li>Demonstrates competence in solving problems and in dealing with people.</li> <li>Seeks continuous improvement as evidenced by clear goals and assessment of results.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>DEMONSTRATES RESPECT FOR ALL PEOPLE:</b> <ul style="list-style-type: none"> <li>Demonstrates respect for people from a variety of ethnic, social, and cultural backgrounds.</li> <li>Operates from a perspective of inclusion.</li> <li>Accepts and encourages the benefits of diversity in the workplace.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>JOB KNOWLEDGE:</b> <ul style="list-style-type: none"> <li>Demonstrates the knowledge and skill necessary to perform effectively.</li> <li>Stays current with new developments, technologies, methods, approaches, and processes in areas of responsibility.</li> <li>Applies knowledge effectively within the CSUN environment.</li> </ul>

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Employee	Rater	Employee	Rater	Employee	Rater	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>COMMUNICATION:</b> <ul style="list-style-type: none"> <li>○ Easily understood by others in discussions, answering questions, and making assignments.</li> <li>○ Able to communicate clearly and powerfully in written form.</li> <li>○ Listens well; able to understand/interpret subtle meanings.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>LEADERSHIP:</b> <ul style="list-style-type: none"> <li>○ Resourceful; can marshal people, funds, and space required for projects.</li> <li>○ Is fair, open, and consistent with others.</li> <li>○ Promotes an environment where others feel involved and are recognized for accomplishments of group and individual goals.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>EMPATHY/INTEGRITY:</b> <ul style="list-style-type: none"> <li>○ Considers client, student, customer, and colleague needs and expectations.</li> <li>○ Delivers work product and services in a way that brings credit to the unit and the university.</li> <li>○ Keeps commitments; accountable.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>TEAMWORK:</b> <ul style="list-style-type: none"> <li>○ Fosters a supportive work environment by establishing and maintaining effective working relationships.</li> <li>○ Uses collaboration in problem solving.</li> <li>○ Shares information and resources. Encourages and accepts suggestions to improve the efficiency and effectiveness of the work unit.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>PROBLEM ANALYSIS AND DECISION MAKING:</b> <ul style="list-style-type: none"> <li>○ Defines problems effectively; gets to the heart of the problem.</li> <li>○ Makes timely decisions based on appropriate information.</li> <li>○ Manages the process of decision making effectively; knows who to involve on what issue.</li> </ul>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>COMMITMENT TO ACADEMIC QUALITY AND STUDENT ENGAGEMENT:</b> <ul style="list-style-type: none"> <li>○ Facilitates professional growth in others.</li> <li>○ Provides feedback, which helps others improve performance.</li> <li>○ Serves as an effective coach, counselor, and mentor.</li> </ul>

III. **DEVELOPMENT PLAN:** The supervisor, in consultation with the employee, agrees upon specific and prioritized plans to develop skills/competencies identified as needing further development to achieve excellence.

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IV. **SIGNATURES:**

_____ Supervisor:	_____ Signature	Date: _____
_____ Dean/Director (for Directors of Development):	_____ Signature	Date: _____
_____ Reviewer:	_____ Signature	Date: _____
_____ Employee:	_____ Signature	Date: _____

*I certify that my supervisor has discussed this document with me. My signature does not necessarily signify that I agree with the assessment.*

***Forward completed and signed evaluations to the Office of Human Resources – Mail Code 8229***