

# ***S<sup>D</sup> Associates LLC***

**Behavioral Services** Assessment, Consultation, Training and Direct Service

PO Box 150, St. Albans, VT 05478 ~ [www.sdplus.org](http://www.sdplus.org) ~ (802) 662-7831 ~ fax (802) 662-7834

## **Sd EMPLOYEE PERFORMANCE SUMMARY**

EMPLOYEE NAME:

MEETING DATE:

SUPERVISOR/COORDINATOR/COACH:

Please fill out and return to your coordinator 48 hrs before the scheduled meeting date.

- **PERFORMANCE OVERVIEW:** Consider your Job Description responsibilities and your Performance Plan goals and describe your accomplishments.

- **SIGNIFICANT EVENTS:** Are there any significant events that positively or negatively impacted your performance or results, such as other responsibilities, achievements, or relationships?

- **STRENGTHS:** Are there any noteworthy accomplishments and/or developments in your job-related skills and competencies that your manager should consider in reviewing your performance.

- **IMPROVEMENT AND DEVELOPMENTAL GOALS:** Briefly identify any job-related improvement and development you would like to focus on in the coming fiscal year.

- **COACHING SUPPORT:** Is there anything your manager could do to help you to be more effective or productive in achieving your goals?

Follow up from Coordinator/Supervisor/Coach:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_