

APPENDIX D PERFORMANCE REVIEW FORM
NSCAD University

Name of Employee

Position

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Department

Review Period

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When responding to the items below, please consider the duties outlined in the Job Description.

REVIEW OF THIS SKILL

Specific examples of the Employee's work performance, skills or accomplishments which may have exceeded the requirements of the position.

FINAL EVALUATION RATING

check the appropriate rating 

When responding to the items below, please consider the duties outlined in the Job Description.	REVIEW OF THIS SKILL <i>Specific examples of the Employee's work performance, skills or accomplishments which may have exceeded the requirements of the position.</i>	FINAL EVALUATION RATING check the appropriate rating 	
		EXCEEDS expectations	
1. job knowledge		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	
2. quality and quantity of work		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	
3. judgement/decision making		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	
4. motivation and initiative		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	
5. responsibility		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	
6. conduct and relationships with Immediate Supervisor, Responsible Manager, co-workers and faculty		MEETS expectations	
		DOES NOT MEET expectations	
		EXCEEDS expectations	

If aspects of the Employee's work performance have not met the requirements, complete the following sections.

EMPLOYEE'S SKILL DEVELOPMENT

1. GENERAL goals for the Employee's work performance and skill development.

2. SPECIFIC goals for improving the Employee's work performance and skill development.

TARGET DATE for the attainment of these goals

day month year

Comments Section:

Responsible Manager:

Immediate Supervisor (Responsible Manager or NSCAD Employee appointed as per Article 14.02(f) if there is no Immediate Supervisor):

Employee:

.....
 Immediate Supervisor (where applicable)

.....
 Responsible Manager

.....
 Employee

.....
 Date

My signature acknowledges that I have been informed of my performance ratings, but does not necessarily indicate agreement.