# Interim Evaluation Form

Employee Name:

Supervisor Name: Meeting Date:

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| Performance Areas Fully Meeting Job Criteria or Job Responsibilities |
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| Performance Areas Identified for Improvement/Substandard |
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| **Additional Discussion Items** (e.g., project updates, progress on priorities, training and professional development, employee’s concerns) |
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| **Next Steps in Employee Development** (for both the supervisor and employee) |
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Employee’s Signature: Date:

Supervisor’s Signature: Date: