

Cooperative Extension Service
Performance Appraisal Summary Form
Extension Agent and Staff Chair

Employee Name (Last, First, MI):	
County:	Position Title:
Name of Rater:	Rater's Title:
Review Period FROM:	TO:

Performance Factors	Criteria	Points
Program Planning and Development (3 points)	Annual Plan of Work	
Program Implementation (6 points)	Implementation	
	Equity, Access and Opportunity	
	Technology and Innovation	
Program Evaluation/Accountability (3 points)	Evaluation/Outcome/Impacts	
	Reporting	
Professionalism (3 points)	Customer Service	
	Policy Compliance	
	Professional Development	
	Work Habits	
	Interpersonal Skills	
Community and Organizational Leadership (3 points)	Leadership	
	Optimizing Staff and Volunteers	
	Resource Management	
TOTAL POINTS	18	

OVERALL RATING	TOTAL POINTS
<input type="checkbox"/> Exceeds Standards	16-18
<input type="checkbox"/> Above Average	12-15
<input type="checkbox"/> Meets Expectations	5-11
<input type="checkbox"/> Unsatisfactory	0-4

Exceeds Standards – Performance consistently exceeds position requirements, goals, and management expectations. Resourcefulness and depth of program and technical knowledge are of the highest quality. Assignments are accomplished in an exceptional manner with minimal direction and are characterized by outstanding achievement seldom accomplished within the department.

Above Average – On a regular basis, performance is characterized by high quality and quantity of work that exceeds most position requirements, key objectives, and management expectations. Employee demonstrates outstanding skills and abilities, and assignments are accomplished in a highly effective manner with limited guidance and direction.

Meets Expectations – Performance meets all the essential work objectives. Occasionally exceeds management expectations. Employee demonstrates good knowledge of job duties, and assignments are accomplished effectively with normal supervisory guidance.

Unsatisfactory – Performance does not consistently meet management expectations. The employee requires more than normal guidance and direction. Progress goals are not met and essential work objectives are not accomplished. Improvement is necessary if the supervisor elects to continue employment with the employee.

<p>OVERALL COMMENTS</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

This report represents my complete appraisal of this employee during the evaluation period.

 Reviewing Official's Signature

 Date:

 Supervisor's Signature

 Date:

I understand that my signature does not mean that I necessarily agree or disagree with the performance appraisal. It has been discussed with me, and I have received a copy of the performance appraisal document.

 Employee's Signature

 Date: