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| WESTERN NEVADA COLLEGE | | | | | | | | | | |
| Administrative Faculty Supervisor Review Form | | | | | | | | | | |
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| Name: | | |  | | | | Date: |  | | |
| Title: | |  | | | | | Review Period: | | |  |
| Department: | | | |  | | | | | | |
| Supervisor Name and Title: | | | | | |  | | | | |
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| 1. **Performance for all categories of the current position description:** Does the employee meet the basic responsibilities of the job? The review should consider the quantity and quality of the work produced in meeting these responsibilities. | | | | | | | | | | |
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| 1. **Goals:** Evaluate A-D below in regards to the employee’s goals for the current review period. | | | | | | | | | | |
| 1. **Successful completion of goals/major accomplishments and tasks.** | | | | | | | | | | |
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| 1. **Goals that could not be accomplished along with a brief explanation for the change in priorities and possible challenges for the future.** | | | | | | | | | | |
|  | |  | | | | | | | | |
| 1. **Service to the college/community** | | | | | | | | | | |
|  | |  | | | | | | | | |
| 1. **Personal and professional growth** | | | | | | | | | | |
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| 1. **Performance Program and Goals:** Provide any comments necessary in regards to the employee’s goals for the coming calendar year. | | | | | | | | | | |
|  |  | | | | | | | | | |
| 1. **Supervisor’s Rating for Employee during the Current Review Period:** | | | | | | | | | | |
|  | Excellent  Commendable  Satisfactory  Unsatisfactory | | | | | | | | | |
| **Additional Comments:** | | | | | | | | | | |
|  |  | | | | | | | | | |
| Employee’s Signature: | | | | |  | | | | Date: |  |
| Supervisor’s Signature: | | | | |  | | | | Date: |  |
| Vice President’s Signature: | | | | | |  | | | Date: |  |