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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.
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| 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.**
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| 1. **Service to the college/community**
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| 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.
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| 1. **Supervisor’s Rating for Employee during the Current Review Period:**
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|  | [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| **Additional Comments:** |
|  |  |
| Employee’s Signature: |  | Date: |  |
| Supervisor’s Signature: |  | Date: |  |
| Vice President’s Signature: |  | Date: |  |