**Performance Communication Discussion Form**

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| Employee: | Banner ID #: | |
| Job Title: | | |
| Department: | Meeting Date: | |
| This form is to document that the following topics have been discussed annually. Supporting documentation should be retained in the department by the supervisor. | | |
| DISCUSSION POINTS | | Check When Complete |
| 1. Review current job description and discuss changes. | |  |
| 1. Discuss Core Performance Values: Mission, Customer Service, Collaboration and Partnership, Communication, Technical Skills and Knowledge, Quality and Productivity, Problem Solving, Leadership and Diversity. | |  |
| 1. Discuss employee’s level of success in achieving their goals. | |  |
| 1. Discuss areas of performance the employee would like to improve. | |  |
| 1. Identify notable obstacles encountered in accomplishing current job responsibilities and possible solutions. | |  |
| 1. Identify any ideas that could improve job, work area or department. | |  |
| 1. Discuss what actions were taken toward personal development this year. | |  |
| 1. Discuss what areas the employee would like to develop and how they can achieve this through training courses, Skillsoft online training courses, certifications, cross training, or mentoring. | |  |
| 1. Discuss what the employee’s supervisor can do to better assist in employee’s position and development. | |  |
| Employee was provided with a brief written summary of points discussed, including goals and responsibilities/priorities for the next 12 months. | |  |
| EMPLOYEE OVERALL PERFORMANCE ASSESSMENT RATING: | |  |
| Outstanding  Exceeds Expectations  Meets Expectations  Below Expectations | |  |
|  | | |
| These topics have been discussed and a summary was provided.  Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ | |  |
| I have reviewed the documents related to this employee’s performance and agree with the supervisor’s overall  assessment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Print name of next level of supervision Requires Signature and Date | | |