

MINNEAPOLIS COLLEGE OF ART AND DESIGN

EMPLOYEE'S SHORT FORM EVALUATION Self-Assessment Worksheet

Employee's Name:

Current Position Title:

Department Name:

Supervisor's Name:

Evaluation Period: **From: June 1,** **To: May 31,**

We will be having your performance and development review meeting on: .
Please take a few moments to complete this form and return to me several days in advance of our meeting. This will allow me the time to prepare and obtain any additional information that might be helpful in our discussion.

DEVELOPMENTAL NEEDS:

If there are areas where you had difficulty helping your department meet its goals, what do you believe contributed to this difficulty and what are some possible solutions.

CAREER INTERESTS:

Indicate your career interests, including ideas on how to enhance or expand your responsibilities in your current position.

JOB UNDERSTANDING:

Do you have any questions about what is expected of you in your job?

Do you feel that you know how your job relates to the goals and objectives of your department?

DISCUSSION AREAS /COMMENTS:

Please indicate any specific areas you wish to discuss:

Are there any other comments regarding your job, your progress, or the college you wish to make?