



NAME \_\_\_\_\_

DATE \_\_\_\_\_

SUPERVISOR \_\_\_\_\_

### EVALUATION AND REVIEW CHECKLIST ADMINISTRATIVE / PROFESSIONAL STAFF

Starred (\*) items must be signed and dated by Supervisor and Employee.

#### Completed

Evaluation by Supervisor\*

Self Assessment\*   
(Use Administrative/Professional Staff Self Assessment Form)

Professional Development Plan\*   
(For Coming Year)

Professional Development Activities   
(For Previous Year, See Attachment)

Updated Job Description\*   
(B, C & D Personnel)

Current Resume   
(No Form Attached)

Copy of Most Recent Licensure   
or Industry Certification (If Applicable)

Evaluation of Supervisor  
(Optional)