



NAME _____

DATE _____

SUPERVISOR _____

EVALUATION AND REVIEW CHECKLIST SUPPORT STAFF

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

Completed

- | | |
|--|--------------------------|
| Evaluation by Supervisor* | <input type="checkbox"/> |
| Support Staff Self-Evaluation | <input type="checkbox"/> |
| Professional Development Plan*
(For Coming Year) | <input type="checkbox"/> |
| List of Professional Development Activities
(For Previous Year, See Attachment) | <input type="checkbox"/> |
| Copy of Most Recent Licensure
or Industry Certification (If Applicable) | <input type="checkbox"/> |
| Current Resume
(Optional) | <input type="checkbox"/> |
| Evaluation of Supervisor
(Optional) | |