

**HEAD START EMPLOYEE
PERFORMANCE APPRAISAL
PAGE 1 OF 3**

DATE: _____

<input type="checkbox"/> Progress Review <input type="checkbox"/> Performance Review

Agency: Seq.Valley Head Start

Note: Progress reviews are used for probationary employees and do not require # totals.

Employee: _____

Position: _____

RANKED JOB ELEMENTS	PERFORMANCE NOTES ON SPECIFIC DUTIES	RECOMMENDED IMPROVEMENTS	REVIEW RATING
	Indicate any training completed or improvements documented.	Indicate goals, objectives, and activities to be pursued.	Use scale of 1-5
1.			

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<input type="checkbox"/> PROGRESS REVIEW <input type="checkbox"/> PERFORMANCE REVIEW

RANKED JOB ELEMENTS	PERFORMANCE NOTES ON SPECIFIC DUTIES	RECOMMENDED IMPROVEMENTS	REVIEW RATING
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NUMERIC RATING CODES

- 1 Unsatisfactory (does not meet requirements)
- 2 Needs Improvement (marginal)
- 3 Satisfactory (meets requirements)
- 4 Excellent (exceeds requirements)
- 5 Outstanding (exceeds requirements to the highest level)

