KENYON COLLEGE
Pre-Evaluation Worksheet
Non-Exempt Staff

TO: ___________________________________________  Employee's Name
                                             ___________________________________________
                                             Job Title
                                             ___________________________________________
                                             Date

We will be having our performance and development review meeting on ___________________________. As I want this to be a two-way discussion, I would appreciate your putting down some specific items you would like to discuss. Please return this to me several days in advance of our review meeting so that I can obtain any additional information that might be helpful in our discussion.

__________________________________________________________
Supervisor's Signature

1. Major accomplishments and significant contributions made during the past year.
   _______________________________________________________

2. Are there any ways you feel your job could be improved? If so, what are your suggestions?
   _______________________________________________________

3. Are you taking any courses or engaging in other activities that you feel will prepare you for more responsibilities in the future?
   _______________________________________________________

4. In general, how do you feel your department and/or supervisor handles questions, comments and constructive criticism?
   _______________________________________________________

5. Do you have any goals for the coming year?
   _______________________________________________________

6. Can you think of any office equipment/supplies your department is lacking that would help you better perform your duties?
   _______________________________________________________

7. Are there any other comments regarding your position, department communication, or the College in general that you wish to make?
   _______________________________________________________

__________________________________________________________
Employee's Signature
                                             Date

Use reverse side for response, if needed.

Department of Human Resources