Associated Students, Inc. Staff/Mid-Year Performance Evaluation

Associated Students	, Inc. Stan/whu-i ear i e	I IUI IIIalice Evaluation
Name of ASI Staff being evaluated:	Division:	Employee ID:
	Student Life	
Department:	Classification Title:	TYPE OF REPORT: *Based on 40 hr time base.
Associated Students, Inc.		X Permanent - Annual
Period of Time Covered by Mid-Year Evaluation:	Date Draft Given to Employee for Review (Annual only):	
July 1, 2019- October 18, 2019	*Draft Evaluation given to employee at least 5 days prior to finalization.	
When a recommendation of Rejection During Probation rejection during probation memorandum should be sub third evaluation, it should be attached to this form.		
GOALS: ASI Staff has helped me set and achieve short an o Strongly Agree	nd long-term goals.	
o Agree		
o Disagree		
o Strongly Disagree		
Explain:		
OBSTACLES: ASI Staff has helped me identify and ove o Strongly Agree	rcome perceived barriers.	
o Agree		
o Disagree		
o Strongly Disagree		
Explain:		
OPPORTUNITIES: ASI Staff has helped me grow as a st	udent leader and has helped me find avenues for succe	·····
o Strongly Agree	-	
o Agree		
o Disagree		
o Strongly Disagree		
Explain:		
DECISIONS: ASI Staff has been effective as advisors and o Strongly Agree	l counselors, helping me make decisions and craft plan	s of action.
o Agree		
o Disagree		
o Strongly Disagree		

Explain:

Signature of Immediate Supervisor: Name:(Please print)		
Signature	Date	
I have received a copy of this evaluation. I have read it and it has been discussed with me. Signing does not reflect that I agree or disagree with the evaluation. Signature of Employee:		
Signature	Date	
I desire review by the second level supervisor: Yes		
Signature	Date	
Executive Director Signature Signature Date		