

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

Name of ASI Staff being evaluated:	Division: <b style="text-align: center;">Student Life	Employee ID:
Department: Associated Students, Inc.	Classification Title:	TYPE OF REPORT: *Based on 40 hr time base. X Permanent - Annual
Period of Time Covered by Mid-Year Evaluation: July 1, 2019- October 18, 2019	Date Draft Given to Employee for Review (Annual only): *Draft Evaluation given to employee at least 5 days prior to finalization.	

When a recommendation of Rejection During Probation is being made, it should be submitted to the Executive Director in a separate memorandum. A rejection during probation memorandum should be submitted earlier than the third evaluation, if possible. If the rejection recommendation coincides with the third evaluation, it should be attached to this form.

GOALS: ASI Staff has helped me set and achieve short and long-term goals.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explain:

OBSTACLES: ASI Staff has helped me identify and overcome perceived barriers.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explain:

OPPORTUNITIES: ASI Staff has helped me grow as a student leader and has helped me find avenues for success.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explain:

DECISIONS: ASI Staff has been effective as advisors and counselors, helping me make decisions and craft plans of action.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Explain:

Signature of Evaluator:

Name: _____
(Please print)

Signature _____ Date _____

Position : _____
(Please print)

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 _____