

VIRGINIA PENINSULA COMMUNITY COLLEGE

P-14 Evaluation Form	
Use for Self-Evaluation and Supervisor-Evaluation	
Employee Name (Last, First, Middle)	HR Employee ID #:
Agency: VIRGINIA PENINSULA COMMUNITY COLLEGE	Sub-Division
Supervisor's Name	Supervisor's Title
Comments on Overall Progress (Indicate progress toward meeting Performance Plan. Attachments may be added if necessary. Indicate # of attachments here: ____)	
Overall Results of Review <input type="checkbox"/> Contributor Performance shows meets established performance expectations. <input type="checkbox"/> Below Contributor Performance shows deficiencies which interfere with the attainment of performance expectations.	
Employee Development Plan (Attachments may be added if necessary. Indicate # of attachments here: ____)	
Personal Learning Goals	Learning Steps/Resource Needs
Supervisor's Signature: DO NOT USE FOR SELF-EVALUATION	Date:
Reviewer's Signature: DO NOT USE FOR SELF-EVALUATION	Date:
Employee's Signature:	Date: