

**ANNUAL PLANNING AND REVIEW OF GOALS FOR
ADMINISTRATIVE EMPLOYEES**

Employee _____ Position Title _____

Goal Period: From _____ to _____ Department _____

Evaluator _____ Position Title _____

A minimum of 3 goals align to Educational Master Plan goals must be identified. Use one form for each goal.

Statement of Goal:

Tasks to Accomplish the Goal and Timeline for Completing:

Achievement Criteria (how will achievement of the goal be determined):

Employee's Signature

Evaluator's Signature

Date

Date

Evaluator's Assessment of Goal Achievement (to be completed the subsequent year):

Employee's Assessment of Goal Achievement (to be completed the subsequent year):

Employee's Signature

Evaluator's Signature

Date

Date