Old Dominion University Research Foundation

Interim Evaluation Form

Employee Name: _____ **Dates Covered:** _____

Supervisor Name: _____

Performance Areas Fully Meeting Job Criteria or Job Responsibilities
Job Knowledge/Skills: Quality and Quanity of Work: Professional Demeanor: Reliability: Communication:
Performance Areas Identified for Improvement/Substandard
Job Knowledge: Judgement: Compliance:
Additional Information (e.g., project updates, progress on priorities, training and professional development)
Next Steps in Employee Development

Old Dominion University Research Foundation

Employee Comments

SIGNATURES:
Employee's signature certifies that the evaluation has been discussed with the employee. It does not necessarily mean he/she agrees with the evaluation.

_____ _____
Employee's Signature Date

_____ _____
Supervisor’s Signature Date

_____ _____
Reviewer’s Signature Date

_____ _____
Human Resources Date