## **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/Subs	tandard
Job Knowledge:	
Judgement:	
Compliance:	
Additional Information (o.g., project undetector progresse	on priorities, training and professional
<b>Additional Information</b> (e.g., project updates, progress development)	
development)	
Novt Stans in Employee Development	
Next Steps in Employee Development	

## **Old Dominion University Research Foundation**

Employee Comments						
<u> </u>						
SIGNATURES:						
Employee's signature certifies tha	t the evaluation	has bee	n discussed wi	ith the emp	oloyee. It do	oes not necessarily
mean he/she agrees with the evalu						
Employee's Signature	Date	<del></del>				
Cuparvisor's Cignotura	Date		<del></del>			
Supervisor's Signature	Date	,				
Reviewer's Signature	Date	•				
Human Resources	Date	<del></del>				