

2. BARRIERS: What barriers have you faced that hindered you from accomplishing your responsibilities? These may include personal barriers, barriers as a result of other's behaviors, or barriers as a result of certain structures set up within the company.

3. OPPORTUNITIES FOR IMPROVEMENT: List opportunities for improvement in the upcoming year. These may include any number of changes, such as more communication, clearer expectations, more work with others, etc. When you make this opportunities list, think about how your supervisor might be of greater assistance to you and how you might be of greater assistance to your supervisor or the overall team in accomplishing common tasks.

Review the opportunities indicated on your last review and score your success/accomplishment on a score of 1-10:

Opportunity _____ **Score** _____

Opportunity _____ **Score** _____

Opportunity _____ **Score** _____

Opportunity _____ **Score** _____

Provide a brief comment as necessary regarding the above.

4. GOAL SETTING and TRAINING ACTION PLAN: In the context of service at PK Partners, in what specific areas would you like to grow, develop, or improve? This may include ways to expand your job, how to create more challenge, or improve the effectiveness of your team.

a. After you and your supervisor have agreed on mutual goals, together you should list the target dates for accomplishment. (Training Action Plan is on the next page.)

Goals	Target Date	Date Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Review your previous goals and score your success on a scale of 1-10.

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Previous Goal _____ Score _____

Look at your scores above and provide a brief comment as necessary.

b. Please also develop action plans for areas in which you would like to have more training or education. This may include training on the job or in a more formal setting.

Training Action Plan	Target Date	Date Completed

5. FOLLOW-UP: An effort will be made to arrange a time for you and your Supervisor to complete this review within two weeks from the date it is submitted for consideration. List below the date on which you would like to accomplish this review.

Keep one copy; the reviewer keeps the other in a confidential file.

REVIEWER'S SIGNATURE _____ **DATE** _____

REVIEWEE'S SIGNATURE _____ **DATE** _____