Xavier University of Louisiana
Individual Development Review
Exempt / Professional (Non Administrative/Non Supervisor Position)

Employee Information Section

Employee's Name:	Employee's ID#	Date Initiated
Position Title:	Length of Time in Position	
Department:		
Supervisor's Name:	Supervisor's Title:	

Type of Review ○ **Annual Review** ● **Evaluation Period Review**

Effectiveness Definitions

A - Highly Effective: Self motivated, consistently exceeds goals, outcomes are always achieved in a timely manner and considered to be a role model by peers.
B - Effective Achiever: Outcomes and goals are attained on a regular basis, sometimes expectations are exceeded, and timelines are met in performing duties and responsibilities.
C - Developmental Opportunity: May achieve goals and outcomes in specific areas of responsibility, but may need to develop new or refresh current knowledge, skills and abilities to achieve desired results through training and coaching.
N/A – Not Applicable: Category does not apply to the employee.

*A Supervisor is an administrative staff or academic division/department chairperson who is responsible for managing the staff employee's work schedule, outcomes and performance

INSTRUCTIONS: Please refer to the Manager's Toolkit as reference material.

Evaluation Period Review: All newly hired staff employees and staff employees who are promoted serve a ninety (90) day evaluative period.
The Evaluative Period Review is to be completed and discussed with the employee at the end of their evaluative period.

Annual Review:
Final: Discuss and develop actions needed during the year to help increase achievement where it is needed most and for completion of key projects and work assignments.
Review accomplishments from the year and determine the employee's final review level placement for each area of effectiveness.

PLEASE EVALUATE THE EFFECTIVENESS OF EMPLOYEES IN EACH CATEGORY.

Effectiveness	Evaluation Period Review	Annual Review	Comments:
Administrative: Completes tasks/projects/assignments according to verbal or written instructions and in a timely manner			
Proficient in using software and equipment to complete assignments accurately and in timely manner			
Ability to prioritize and multi task in achieving desired outcomes.			
Communications: Responds in a timely manner to communications from others, ability to communicate verbally and in writing.			
Has sufficient contact with supervisor, peers and other colleagues.			
Observes proper channels in communicating with co-workers.			
Decision Making: Exhibits confidence in his/her decisions.			
Gathers pertinent facts before acting; consults with appropriate individuals on important decisions.			
Consistently applies and / or adheres to policies..			

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	Evaluation Period Review	Annual Review	Comments:
Planning & Organizing: Plans ahead for those activities/projects under his/her supervision and guides the development of activities/projects in appropriate direction.			
Organizes work assignments to promote productivity.			
Manages time appropriately to satisfy required duties.			
Problem Solving: Approaches problem solving in a systematic basis and develops solutions having practical applications.			
Able to cope with unanticipated problems.			
Effective Leadership: Gains the confidence, cooperation, and respect of colleagues and supervisors.			
Gives credit to others for their contributions; works effectively as a team member and/or leader; promotes a friendly, supportive work atmosphere			

ACHIEVEMENT AND DEVELOPMENT PLAN

Achievement Plan: List key areas of responsibility and the objectives that will be focused on during the next review period. Develop specific actions including agreed completion dates.

Employee's Signature: Date:

Supervisor's Signature: Date:

Annual Review	
Employee Comments: Provide final results of Achievement and Development Plans.	
Supervisor's Comments	
Growth Plan: Identify areas for skill enhancement and future career development.	
Employee's Signature:	**Date:**
Supervisor's Signature:	**Date**
Next Level Of Management Review (If Required) **Signature:**	**Date:**