# Employee Check In

**this form is designed to be completed by the supervisor and employee during an in-person meeting*

Employee Name: _____ Supervisor Name: _____

Job Title: _____ Date of Review: _____

1. What have been the highlights for you during this past year in respect to your employment at the District?

2. Has there been anything that has not gone well this past year in respect to your employment at the District?

3. Are you getting everything that you need to do your job effectively? If not, please specify.

4. What are the agreed upon goals for the employee this year?

5. What professional development/training opportunities are you currently undertaking or planning to complete in the next year? Please indicate a timeline for completion.

X _____ X _____

Supervisor Employee