**Classified Employees**

**Mid-Year Progress Review**

Employee: Enter Name CWID: Enter Number Job Title: Enter Name Here Department: Enter Name Here

Supervisor: Enter Name Here CWID: Enter Number Date of mid-year progress review: Enter Date Here

**Core Competencies**

|  |
| --- |
| Job Knowledge: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Supervision (if applicable): |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Accountability: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Collaboration/Teamwork: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Communication: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Customer Service: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |
| Interpersonal Skills: |
| [ ]  5- Exceptional | [ ]  4- Highly Effective | [ ]  3- Effective | [ ]  2- Needs Improvement  | [ ]  1-Unacceptable  |

**Individual Performance Measures**

#1 Enter a description here of the first Individual Performance Measure

Rating:

[ ]  5- Exceptional [ ]  4- Highly Effective [ ]  3- Effective [ ]  2- Needs Improvement [ ]  1- Unacceptable

#2 Enter a description here of the second Individual Performance Measure

Rating:

[ ]  5- Exceptional [ ]  4- Highly Effective [ ]  3- Effective [ ]  2- Needs Improvement [ ]  1- Unacceptable

#3 Enter a description here of the third Individual Performance Measure

Rating:

[ ]  5- Exceptional [ ]  4- Highly Effective [ ]  3- Effective [ ]  2- Needs Improvement [ ]  1- Unacceptable

**Overall assessment of progress at mid-year\*:**

[ ]  5- Exceptional [ ]  4- Highly Effective [ ]  3- Effective [ ]  2- Needs Improvement [ ]  1- Unacceptable

Comments:

Enter any comments to share with the individual

\*If the overall score is a Needs Improvement or Unacceptable please contact your [Human Resources Advisor](https://www.mines.edu/human-resources/contact/) to discuss next steps.

**Signatures**

Employee: Enter Signature Here Date: Enter Today's Date

Supervisor: Enter Signature Here Date: Enter Today's Date