

**Utah State University – Distance Education
Performance Appraisal Form
Classroom Facilitator**

Facilitator Name:

Evaluator:

Semester:

Course:

Please complete the following form. This information will be used to assess the achievement of the classroom facilitator named above. A summary of each facilitator's performance in the electronic classroom will be completed based on feedback provided by USU faculty and staff.

If you have any questions about this form, you may call Mindy Christensen at 797-2709. Your evaluation should be returned to her at UMC 3080.

For each of the items listed below, please indicate whether the employee's level of knowledge or ability needs improvement, meets the job's requirements, exceeds the job's requirements or fits somewhere in between. If you need to, please use the back of this page to make comments/suggestions. We value your feedback very much and appreciate your taking the time to share it with us.

Review of Knowledge, Skills, and Abilities

	Needs Improve- ment 1	2	Meets Require- ments 3	4	Exceeds Require- ments 5
Job Knowledge: Has the ability to understand and apply the principles, policies, and procedures required by the job.					
Dependability: Arrives on time and attends each class. Can be trusted to follow up on questions, problems, and suggestions made by instructor and/or students.					
Initiative: Has the ability to work independently and anticipate needs. Voluntarily takes appropriate action.					
Interpersonal Skills: Has the skills to establish positive, supportive relationships with instructor and students and works effectively as a member your class.					
Communication Skills: Has the skills necessary to communicate clearly and concisely with instructor and students.					

FACILITATOR'S DEVELOPMENT NEEDS

In the facilitator's present position, what are his/her strengths?

In the facilitator's present position, what are his/her performance improvement needs?

What action plans (including target dates) will be implemented to meet the above needs?

Facilitator's Comments:

Supervisor Comments:

Facilitator Signature

Date

Supervisor Signature

Date