

**CONFIDENTIAL**

**Performance & Development Review**

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| --- | --- |
| Name: (Reviewee) | Job Title:  |
| Faculty/Service:  | Review Date:  |

# Performance Review

Please provide details of the reviewee’s performance in the achievement of each of their objectives during the review period including feedback regarding the extent to which the reviewee has demonstrated our University’s Performance Attributes in the way that these objectives have been delivered.

| **Objective** | **Comments** |
| --- | --- |
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# Development Outcomes Review

Please provide details of all the development activities undertaken during the review period.

| **Development Activity**(Team building event, internal and external workshop/event, peer observation of teaching, secondment, conference, coaching, work shadowing, volunteering/community activity etc.) | **Date(s) Undertaken** | **Impact/benefit of the development activity**(What you are doing differently as a result of the development) |
| --- | --- | --- |
| Peer Observation of Teaching*(academic staff only, delete as appropriate)* |  |  |
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# Performance Summary

Please provide a brief summary statement regarding overall performance (in relation to Performance Objectives and Performance Attributes)

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| **Reviewer's Comments** |
| **Reviewee’s Comments** |

# Performance Objectives

Remember these should be: **S**pecific, **M**easurable, **A**chievable, **R**elevant, **T**ime-bound

|  | **Details of Objective** (Specific, Achievable, Relevant) | **How will you know this objective has been achieved?** (Measurable) | **Date for completion**(Time-Bound) |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |

# Development Plan

| **Identified Development Need** | **Development Activity**(Team building event, internal and external workshop/event, peer observation of teaching, secondment, conference, coaching, work shadowing, volunteering/community activity etc.) | **Responsibility**(i.e. who is going to progress this action – role holder, manager, other party etc.) | **Resource Implications** | **Target Date** | **Priority** (h/m/l) |
| --- | --- | --- | --- | --- | --- |
|  | Peer Observation of Teaching *(academic staff only, delete as appropriate)* |  |  |  |  |
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# Signing and Completing the Form

By signing below the reviewer and reviewee are confirming that they have conducted a Performance & Development Review discussion and set objectives for the coming year – the main points of which have been accurately recorded in this document.

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| --- | --- |
| **Signed:**(Reviewee) | **Date:** |
| **Signed:** (Reviewer) | **Date:** |

Once signed by both parties this document should be passed to the reviewer’s line manager for review. By signing below the reviewer’s line manager is confirming that s/he has read and approved the documentation.

|  |  |
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| **Signed:**(Reviewer’s Line Manager)**Print Name:** | **Date:** |

Once completed a copy of this form should be kept by both the reviewer and the reviewee.