GEORGE C. MARSHALL SPACE FLIGHT CENTER

HUMAN RESOURCES DEVELOPMENT PROGRAMS EVALUATION

1. NAME OF EMPLOYEE:	CHECK ONE: ☐ Professional Intern Program ☐ Eng. Technician Apprn. Prog. ☐ Other	2. PERIOD OF ASSIGNMENT FROM:	TO:	3. LOCATION OF ASSIGNMENT:

4. DESCRIPTION OF PROJECT OR WORK ASSIGNMENT (Nature of work, results to be obtained, etc.):

5. Column "X" below describes unusually effective performance among employees selected under the high standards required to qualify for Human Resources Development Programs. Column "Y" describes ineffective performance among employees selected under these high standards. Based on your observations during the period specified in item 2, check the box which best describes the employee's performance with respect to each of the factors listed. Use "Comments" space to explain checks in either the "X" or "Y" column and for any additional remarks you would like to make concerning performance with respect to any factor.

FACTORS	"X"	CHECK ONE					"Y"
		X	Tendency to X	Met Normal Expectation	Tendency to Y	Y	
A. PERFORMANCE OF WORK ASSIGNMENT	Outstanding; exceeded all expectations.						Considerable improvement needed to be acceptable.
B. INITIATIVE	Mobilized and directed own energies in unusually effective manner; prompt and resourceful in attacking problems, in improving his/her skills, in acquiring knowledge, etc.						Showed reluctance to consider or take action on own; generally waited for direction.
C. PROBLEM-SOLVING ABILITY	Usually effective; considered and properly weighed all important facts; conclusions were sound in all respects.						Frequently overlooked or mis-interpreted important facts; conclusions frequently inadequate or superficial.
D. INTERACTION WITH OTHERS	Usually effective; readily gained confidence and respect of others; effective contributions in group effort; creates comfortable atmosphere.						Did not readily gain confidence or acceptance; revealed noticeable weaknesses in social sensitivity, poise, etc.
E. EXPRESSION	Expresses self clearly and concisely: a. Orally b. In Writing						Revealed deficiencies which detracted from total effectiveness.

COMMENTS (If additional space required use Item 6 on the reverse):

6. MAKE ANY ADDITIONAL COMMENTS YOU FEEL MAY BE HELPFUL IN EVALUATING OR IMPROVING THE EMPLOYEE:

7. BASED ON THE KNOWLEDGE YOU NOW HAVE OF THE EMPLOYEE, WHAT IS YOUR ESTIMATE OF HIS/HER POTENTIAL FOR HIGH LEVEL POSITIONS IN NASA? (Check the one which best reflects your current estimate):

- ☐ Shows promise for advancement to target position.
- ☐ Shows promise for advancement above target position.
- ☐ Satisfactory performance in target position doubtful unless improvements are accomplished. (Please comment.)
- ☐ Satisfactory performance above target position doubtful unless improvements are accomplished. (Please comment.)
- ☐ Unable to make estimate. (Please comment.)

SIGNATURE:	TITLE:	DATE:

TO BE COMPLETED BY THE EMPLOYEE'S ADVISORY COMMITTEE

8. COMMENTS (Include remarks pertinent to appropriateness of assignment to the employee's overall IDP):

SIGNATURE (Committee Chairperson):	DATE:

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