

MSFC MENTORING PROCESS SUPERVISORY APPRAISAL

NAME OF EMPLOYEE:

DATE OF APPRAISAL:

1. IS THE EMPLOYEE GOAL ORIENTED?

YES

NO

PLEASE EXPLAIN AND GIVE EXAMPLE:

2. DOES THE EMPLOYEE EXHIBIT A WILLINGNESS TO ASSUME RESPONSIBILITY FOR HIS/HER OWN GROWTH AND DEVELOPMENT? (e.g., training).

YES

NO

PLEASE EXPLAIN AND GIVE EXAMPLE:

3. DOES THE EMPLOYEE ACTIVELY SEEK GROWTH EXPERIENCES AND CHALLENGING ASSIGNMENTS?

YES

NO

PLEASE EXPLAIN AND GIVE EXAMPLE:

4. IS THE EMPLOYEE RECEPTIVE TO FEEDBACK AND COACHING?

YES

NO

PLEASE EXPLAIN AND GIVE EXAMPLE:

5. DO YOU HAVE ANY OTHER COMMENTS REGARDING THE POSSIBLE PLACEMENT OF THIS EMPLOYEE IN THE MSFC MENTORING PROCESS?

YES

NO

PLEASE EXPLAIN:

SUPERVISOR'S SIGNATURE:

DATE: