



Performance Development Review Report

COUNSELLOR

Counsellor: _____

Date: _____

Manager: _____

Directions:

In the boxes on the left, please check which of the following materials are included with this report. On the right, please indicate how many documents of each type are attached.

| | Number Attached |
|--|------------------------|
| <input type="checkbox"/> Statistics Summaries | _____ |
| <input type="checkbox"/> Peer Reviews | _____ |
| <input type="checkbox"/> Review of Department-Assigned Tasks | _____ |
| <input type="checkbox"/> Other optional documents (please list). | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Performance Development Activities

Directions: List performance development activities completed since your last review.

| Activity | Date |
|----------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Community Service Activities (optional)

Directions: Describe briefly any work-related committees you served on, activities undertaken, etc., within or outside BCIT since your last review.

Significant Accomplishments (optional)

Directions: Describe briefly any work-related items of achievement that you feel will help your manager get a fuller picture of you during this review period.

Reviewee Comments

Signature: _____

Professional Development Plan # _____

(You may include multiple plans by copying this table for each additional objective).

Objective:

Briefly describe your goals.

Implementation Plan:

Briefly describe what is needed to accomplish your objective.

Proposed Timeline

Manager's Initials _____

Counsellor's Initials _____

(Initials indicate Manager will support the implementation plan including applications for leave and/or funding).