

ESP Initial Conference/Informal Evaluation Form

Name _____ Date: _____

Dept. _____ Supervisor _____

(Please feel free to attach additional documents and comments)

Expectations:

Observations/Concerns:

Employee's Acknowledgement:

This evaluation has been discussed with me and my signature on this document acknowledges receipt of a copy of this evaluation and in no way signifies agreement with the aforementioned comments:

Employee's Signature Date

Supervisor's Signature Date