

Jordan School District Audiologist Performance Appraisal System Addendum

Name: _____ Date: _____

This addendum supplements the Audiologist Performance Appraisal System Supervisor Form for an evaluation which resulted in an overall rating of “Fair/Below Standard” or “Unacceptable”.

The completion of this addendum is necessary because your performance has been found to be unacceptable or below the basic level of acceptable performance established by District policy. Your continued employment with the District is in question. You are responsible to bring your performance to an acceptable level. The following is a plan for improvement.

Goals/Objectives

Activities to Accomplish Objectives

The following resources will be used in helping reach the goals/objectives listed above:	
Consulting Audiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No (didn't want Consulting Audiologist)
Professional books, articles, videos	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(specify)	
Your next evaluation may begin on or after: _____	
(specify month and year 20 working days after Evaluation Meeting)	
Placed on Probation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Audiologist's Signature: _____	
Immediate Supervisor's Signature: _____	
*Make two copies of the completed addendum. One is given to the evaluatee, one remains with the immediate supervisor. The original is attached to the Supervisor Form and sent to the Human Resources Department.	