

LAGUARDIA COMMUNITY COLLEGE

PERFORMANCE EVALUATION

NON-TEACHING INSTRUCTIONAL STAFF

(College Laboratory Technician)

NAME _____ DIVISION / DEPARTMENT _____
TITLE _____ DATE OF EVALUATION _____
ANNUAL EVALUATION _____ QUATERLY EVALUATION _____

DESCRIPTION OF DUTIES:

A. Learning Reinforcement

B. Administrative

C. Supervision (where applicable)

D. Technical Responsibilities

1. **Performance of Duties: (Please refer specifically to the duties on page one.)**

2. **Progress since previous Evaluation:**

3. **Interpersonal Relations: (Include Faculty, peers, and users of Laboratory services.)**

4. **Ability to supervise other Laboratory personnel. (If applicable)**

5. **Special contribution to Department/College:**

6. **GOALS for the year:**

7. **PROFESSIONAL GROWTH:**

8. DISCUSSION OF THE EVALUATION (Additional comments by employee or supervisor.)

It is my intention that this Evaluation be considered (CHECK ONE)

_____ **Satisfactory** _____ **Unsatisfactory**

Signature _____

DATE _____ **Title** _____

_____ **I have seen this Evaluation and have no statement to make.**

_____ **I have seen this Evaluation and have a statement to make.**

Date _____ **Signature of Employee** _____

_____ **Incumbent declines to sign .**