

PERFORMANCE DEVELOPMENT

January / 2025
EMPLOYEE NAME
DEPARTMENT

Instructions:

The Performance Development process is conducted in a two part cycle. For the Winter cycle, employees complete the sections labeled Winter. The Skills and Knowledge section will be completed by your supervisor. Training/workshop dates are filled in once completed.

Retrospective

Looking back at the last 6 months, take a moment and reflect on key highlights, challenges, progress and actioned goals.

YEAR		
Last 6 months	Employee comments	Supervisor comments
Achievements/Success		
Did you have any obstacles when achieving your goals?		
What resource would have helped you achieve your goal?		

Training/Workshops

The following training are required of all employees. Fill in date when completed. Find a list of all the dates, training and workshops in the page below.

Trainings	Date Issued	Date Completed/ Attended	Trainings	Date Issued	Date Completed/Attended
Diversity and Inclusion in a Modern Workplace			DEAI Workshop		
Preventing Harassment and Discrimination- Everfi Training	January 21, 2025		Cyber Security Training	November 4th, 2025	
Annual Preparedness Seminar	N/A	N/A			

Looking Ahead |

Outline 4 goals that you aim to complete over the next 6 months (January-June or July-December)

Winter		Summer	
GOAL	Supervisor Feedback	Goal Update	Feedback

Professional Growth

Identify one (1) professional development goal to accomplish over the next six months that directly supports your core responsibilities or primary role at PS1.

MoMA PS1

22-25 Jackson Ave
Long Island City
NY 11101
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Winter		Summer	
GOAL	Supervisor Feedback	Goal Update	Supervisor Feedback

Skills and Knowledge |

Manager to complete and discuss with employees. See end of document for Definitions of Key Behaviors.

Winter Summer				
Key Behavior	Supervisor Comments	Manager and employee discussion	Supervisor Comments	Manager and employee discussion
Quality of Work				
Teamwork				
Communication Skills				

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Initiative				
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Support DEAI Goals				
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Employee additional comments:

Supervisor overall feedback:

By signing below, I acknowledge that I have reviewed and discussed this Performance Appraisal. My signature below indicates that the discussion took place and that I was afforded the opportunity to record additional comments if I so desired.

Employee Signature	Date:
Supervisor Signature	Date:
Human Resources Signature	Date: