



# PROFESSIONAL DEVELOPMENT FORM

## For All Foreign Service Employees

|  |  |                                      |
|--|--|--------------------------------------|
| <b>Name of Employee</b> <i>(Last, First, MI.)</i>  |  | <b>Post or Office/Position Title</b> |
| <b>Name of Rating Official</b>   |  |                                      |
| <b>Date</b> <i>(mm-dd-yyyy)</i>  | <b>Period Covered</b><br><b>From</b> <i>(mm-dd-yyyy)</i> <b>To</b> <i>(mm-dd-yyyy)</i> |                                      |
| <p>This form is a mandatory part of the performance management process. Use it to record interim discussions of the rated employee's performance. At least one interim discussion session must be documented. Each discussion should identify areas of strength in the employee's performance and opportunities for improved effectiveness; review goals achieved and update work responsibilities; and provide a mechanism for the rating official and rated employee to have a compatible view of the outcomes of their discussion. Notations should highlight major points.</p> <p>A copy of the completed form must be provided to the employee. The rater should keep the original for his or her own records. Use a separate form for each discussion.</p> <p><b>A. Discussion of Overall Performance:</b> The rater should briefly characterize the rated employee's overall performance and cite supporting examples. The following items should be components in each discussion:</p> <ol style="list-style-type: none"><li>1. In considering performance to date, assess the performance areas where the employee was strongest:</li><li>2. Describe the performance areas on which the employee should focus over the coming months, including any area of specific weakness or deficiency:</li><li>3. Discuss the employee's demonstrated potential to take on greater responsibilities and which core competencies need the most additional development to succeed in higher level positions:</li><li>4. Identify any needed changes to the employee's core work responsibilities or specific objectives:</li></ol> |  |                                      |

**B. General Discussion:** Describe the employee's progress in meeting the core work responsibilities and achieving the goals and specific objectives established for the rating period. Cite specific policy and programmatic outcomes and their impact on the Department's mission.

Signature

Rating Official

Date (mm-dd-yyyy)

**C. Optional Employee Comments:** The employee is encouraged but is not required to comment. The employee's signature acknowledges receipt of this form, not agreement with the conclusions recorded by the rating official.

Signature

Rated Employee

Date (mm-dd-yyyy)