



LaGUARDIA COMMUNITY COLLEGE

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

PERFORMANCE EVALUATION NON-TEACHING
INSTRUCTIONAL STAFF
(College Laboratory Technician)

Name _____ Department _____

Title _____ Date of Evaluation _____

Type of Evaluation: Annual Other _____

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:

Satisfactory

Unsatisfactory

Chair/Supervisor Signature _____

Title _____ Date _____

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

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

Employee Signature _____ Date _____

Incumbent declines to sign.