Savannah State University Performance Tracking Tool

Please check the appropriate box					
Initial: Follow 1				w Up:	
GENERAL INFORMATION					
Employee Name:			Title:		
Department:			Supervisor / Evaluator:		
Start Date:			End Date:		
Date	Reason for Discussion Discussion Summ		ary	Outcome	Desired Results
Employee's Signature:				Evaluator's Signature:	
Date:				Date:	