

**NEW YORK CITY COLLEGE OF TECHNOLOGY – CUNY**  
**COLLEGE LABORATORY TECHNICIAN SERIES**  
**PERFORMANCE EVALUATION CONFERENCE MEMORANDUM**

Employee Name:		CLT Rank: CLT <input type="checkbox"/> Senior CLT <input type="checkbox"/> Chief CLT <input type="checkbox"/>	
Functional Title:		Department:	
Name and Title of Evaluator:			
Date of evaluation conference:			
Dates of Evaluation Period:			

1. **Describe the CLT’s performance of the required duties.** *Include performance in attending to routine demands, accepting responsibility, working independently, planning and executing work assignments effectively, maintaining pertinent data in an organized manner, demonstrating an effective knowledge of the use of appropriate assessment and evaluative tools (such as tests, statistics, research), and exercising initiative in contributing to departmental activities.*

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Place an “X” next to the rating for the CLT’s performance of required duties.

Superior	Satisfactory	Unsatisfactory
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2. **Describe in detail the strengths and weaknesses in job performance.**

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3. Describe the effectiveness of the CLT's oral and written communication.

4. In what ways does the CLT provide service to the department, College, and/or community.

5. Describe CLTs adherence to time and leave rules.

6. Describe the CLT's relationships with others, including subordinates, supervisors, peers, students and public. *For example, do they establish effective relationships with students; demonstrate sensitivity to and a grasp of the range of problems and needs of students; respond constructively to supervision collaborate effectively with members of the department and other faculty and staff; demonstrate the ability to exercise some supervision of other staff, as needed, etc.*

Place an "X" next to the rating for the CLT's relationships with others.

Superior	Satisfactory	Unsatisfactory
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7. **Does the CLT keep up-to-date on new developments in the field and in the College?** *Include any activities through professional associations; acquisition of additional related degrees, certifications or trainings, etc.*

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Place an "X" next to the rating for the CLT's professional development.

Superior	Satisfactory	Unsatisfactory
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8. **Supervisory Skills (if applicable):**

*Describe the CLT's ability to inspire teamwork and obtain cooperation from subordinates, and ability to develop capacities and abilities of their direct reports.*

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9. **What recommendations are there for performance improvement and/or for new projects?**

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**10. Other comments:**

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**OVERALL EVALUATION RATING: (select one)**

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|--|---|
| <input type="checkbox"/> EXCEEDS EXPECTATIONS    | <input type="checkbox"/> MEETS EXPECTATIONS         |
| <input type="checkbox"/> MEETS SOME EXPECTATIONS | <input type="checkbox"/> DOES NOT MEET EXPECTATIONS |

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

**POST-EVALUATION CONFERENCE REPORT**

*A copy of this report must be provided to the employee within ten (10) working days of the conference.*

*I understand that this evaluation conference memorandum will be placed in my personnel file in accordance with Article 19.2 of the Professional Staff Congress/CUNY Agreement. I have been advised to return a signed copy of this document to my supervisor within ten (10) working days of receipt. My signature reflects only that I have read this document and that I received a copy of same. I also understand that I may attach any comments if so desired.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date