

SHORT TERM
PERFORMANCE EVALUATION OF PERSONAL SERVICE CONTRACTOR

Name: _____ Date: _____
 Position Title: _____ PST # (if applicable): _____
 Contract Number: _____ Performance Period: _____

Mark the letter of the scale at the right representing your assessment of the PSC's performance during the performance period. The following guide should be used to assist in documenting performance.

"O" – Outstanding: Performance is always above the normal expectations and requirements.
"S" – Superior: Performance often exceeds normal expectations and requirements.
"G" – Good/Fully Successful: Performance meets the normal expectations and requirements.
"I" – Needs Improvement: Performance does not meet the expectations and requirements.
"U" – Unsatisfactory: Performance is poor and unacceptable.

A. Responsibilities

	<u>Low</u>				<u>High</u>
1.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
2.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
3.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
4.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
5.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
6.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>

B. Evaluate the degree to which you observed the following in the PSC:

	<u>Low</u>				<u>High</u>
1.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
2.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
3.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
4.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
5.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
6.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
7.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>
8.	U <input type="checkbox"/>	I <input type="checkbox"/>	G <input type="checkbox"/>	S <input type="checkbox"/>	O <input type="checkbox"/>

C. Describe the demonstrated strong points you see in the PSC's work (give situation in which they occurred):

D. Describe the demonstrated limitations you see in the PSC's work (give situations):

E. How might performance of the individual be improved? Specific action plans (if any):

Recommend for future training Do not recommend for future training.

Name and Position Title
Signature/Date

Name and Position Title
Signature/Date

COTR/Contracting Officer
Signature/Date