
EVALUATION PANEL SUMMARY

Name	Date of Panel	Period Covering
------	---------------	-----------------

SECTION I. SIGNIFICANT ACCOMPLISHMENTS/GOALS ACHIEVED BY TRAINEE/INTERN

SECTION II. COMMENTS (Please check appropriate box)

By examination of the trainee/intern and review of the documentary evidence, we find that he/she

is making satisfactory progress. (Please summarize comments)

is not making satisfactory progress. In order to assist the trainee achieve an acceptable level of progress, we recommend:

- an extension of training period for _____ days.
- development of Performance Improvement Plan in accordance with GSA Performance Management Handbook, OAD P 9430.1. (*Summarize comments under Areas of Concern*)
- Other (*Summarize comments under Areas of Concern*)

SECTION III. PANEL RECOMMENDATIONS/AREAS OF CONCERNS (*if any*):

PANEL MEMBERS SIGNATURE	TITLE	DATE
1.		
2.		
3.		
4.		
5.		
6.		