

Mid-Year Performance Review Form (Department Heads)

This mid-year review helps assess progress toward annual goals, confirm what's working, and identify any adjustments or support needed for the remainder of the fiscal year. Please provide clear, specific examples where possible.

Department Head's Name * (Required information)

Enter the employee's full name as it should appear in official records.

First Name

Last Name

Title* (Required information)

List the employee's current position title (e.g., Department Head, Director).

Department * (Required information)

Specify the department or division this review covers.

Review Period * (Required information)

Provide the mid-year review period (e.g., Oct 1-Mar 31 or FY2026 H1).

Supervisor * (Required information)

Enter the supervisor's name completing or leading this review.

First Name

Last Name

Date of Review * (Required information)

Enter the date the mid-year review is being completed.

Purpose/ Context Notes

Briefly note any relevant context for this mid-year review (major changes, new directives, unusual operating conditions, etc.).

Progress Toward Annual Goals- Overall Status* (Required information)

Choose the option that best reflects progress toward the department's annual goals at mid-year.

- On Track
- Needs Adjustment
- At Risk

Progress Toward Goals - Key Updates * (Required information)

Summarize progress toward goals, including what's been completed, what's underway, and what has changed since the start of the fiscal year.

Service Delivery Performance Rating * (Required information)

Rate overall service delivery performance at mid-year based on outcomes, reliability, and customer impact.

- Significant gaps
- Needs improvement
- Meets expectations
- Strong performance
- Exceptional performance

Service Delivery Outcomes & Metrics * (Required information)

Share performance outcomes and metrics to date (targets vs. actuals, trends, service levels, quality measures, turnaround times, etc.)

Budget Execution & Fiscal Stewardship* (Required information)

Are current spending and forecasts aligned with the approved budget?

If yes, please describe budget status, expenditure trends, cost controls, forecasts, and any material variances (include explanations and mitigation steps).

If not aligned, please explain variances and planned corrective actions which outlines the variance drivers, impacts, and the steps/timeline to bring execution back on track.

Workforce Capacity Status * (Required information)

How well does current staffing and capacity support delivery of goals for the remainder of the fiscal year?

- Fully sufficient
- Mostly sufficient
- Mostly sufficient
- Insufficient
- Critical staffing risk

Leadership & Workforce Management * (Required information)

Comment on staffing levels, performance management, workload distribution, morale/engagement, retention, and any workforce risks.

Ethics, Procurement & Compliance* (Required information)

Any known or suspected compliance, ethics, or procurement concerns to report?
If yes, please describe the concerns and current mitigation steps by providing a clear summary of the issue, current status, actions taken, and any other needed support.

Note: Please avoid sensitive details (i.e., banking account numbers and/or medical records), if not appropriate related to compliance status, procurement practices, policy adherence, audits/findings, and any corrective actions underway.

Collaboration Effectiveness Rating* (Required information)

How effective has coordination been with internal partners and external stakeholders so far?

- 1 - Not effective
- 2 - Limited
- 3 - Adequate
- 4 - Effective
- 5 - Highly effective

Challenges, Risks & Adjustments * (Required information)

List major obstacles or risks (operational, financial, legal, technology, staffing, reputational) and what adjustments are being made.

Interdepartmental Coordination & Stakeholder Engagement * (Required information)

Describe collaboration with other departments and key stakeholders, including what's going well and where coordination could improve.

Development & Support Needs * (Required information)

Identify training, tools, approvals, staffing, vendor support, or leadership guidance needed to improve results.

Priority Support Needed {select all that apply}

Select the types of support that would most help success in the next 6 months.

- Additional staffing / hiring support
- Budget adjustment/ reallocation
- Training / professional development
- Process improvement/ Lean support
- Technology tools / system enhancements
- Procurement/ contracting support
- Policy clarification / legal guidance
- Executive sponsorship / decision support
- Vendor/ partner coordination

Overall Risk Level for Remainder of Fiscal Year * (Required information)

Choose the level that best reflects the overall risk to achieving goals for the rest of the year.

- Low
- Moderate
- High
- Severe

Overall Mid-Year Assessment* (Required information)

Select the overall assessment that best summarizes mid-year performance across goals, operations, and leadership expectations.

- Exceeds
- Meets
- Needs Improvement
- At Risk

Action Plan for Remainder of Fiscal Year* (Required information)

Outline the action plan for the next 6 months-top priorities, deliverables, owners, timelines, and success measures.

Supervisor Name:

Supervisor Signature

Department Head's Name:

Department Head's Signature:

Date of Completion:

CAO and/or Mayor Additional Review Notes