Practice Name

Performance Action Plan: Progress Report

Department Name **Date**
Employee Name **Supervisor**
Job Title **Administrator**

PERFORMANCE ISSUE (PROBLEM)	**EXPECTED MEASURABLE OUTCOMES** (EXPECTATION/COMPETENCY)	**EMPLOYEE ACTION TO BE TAKEN** (SOLUTION)	**ASSESSMENT METHOD(S)** (MEASUREMENT/FREQUENCY)	**PROGRESS TO DATE** (MEASUREMENT/FREQUENCY
Customer Service				
Communication/Interaction with Others (Interpersonal Relationships Affecting Work) .				
Expertise/Continuous Learning				
Resourcefulness/Results				
Personal Accountability				