Montgomery County Public Schools Record of Conference

Name:	Employee ID#		Position:	
Conference Date:	Time:	Place:		
Participants:				
Subject/Issues:				
☐ Compliment ☐ Pre-Evaluation ☐ Complaint ☐ Disciplinary				
 □ PerformanceIdentify appropriate Core Competency(ies) □ Commitment to Students □ Knowledge of Job □ Professionalism □ Interpersonal 				
☐ Communication ☐ Organization ☐ Problem Solving				
☐ Other Issue (describe):				
*Note: If disciplinary, advise employee in advance of right to request SEIU Local 500 presence "within two days" (Article 17)				
Discussion: ☐ See attached				
Directives and timeframe for employee improvement: See reverse/attached				
1.	· · · ·		By Date:	
2.			By Date:	
3.			By Date:	
4.			By Date:	
A reasonable amount of time must be allowed prior to a performance review for improvements to occur.				
Employee Comments: See reverse/attached Employee wishes to provide comments later				
Signatures: Your signature(s) indicate that you have participated in this conference.				
Employee:	Date: Pa	articipant:		Date:
If employee/participant refuses to sign, the following person(s) have witnessed that the conference occurred:				
Witness:	Date: W	itness:		Date:
Manager/Supervisor:		tle:		Date:
Always provide a copy to the employee. Additional copies to:				