#

**Performance follow-up**

**Evaluation period: B.E. ....**

**Section 1 The subject’s information**

**Title-name-surname** …………………………………………………………………...........................………………….…… **Position** …………………………………………………………………………………………

**Affiliated department** ……………………………………………………………………………………………………….……… **Faculty/equivalent status** …………………………………………………......……

**Section 2 Performance progress report according to PA:**  The subject shall make a progress report of their responsibilities as stated in the PA, based on the metrics of success specified in the evaluation criteria. If there is any issue/obstacle that hinders succeed a responsibility, please specify details. Then, the subject and their immediate supervisor must sign this form.

|  |  |  |
| --- | --- | --- |
| **Responsibilities stated in PA** | **Performance progress report according to metrics of success** | **Challenges/obstacles** |
| 1.  |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
| **Responsibilities stated in PA** | **Performance progress report according to metrics of success** | **Challenges/obstacles** |
| 5.  |  |  |
| 6. |  |  |
| 7. |  |  |

Signed .................................................. Subject Signed ................................................. Evaluator (immediate supervisor)
(..................................................) (..................................................)

Position................................................................... Position...................................................................

Date............. Month......................... Year.......... Date............. Month......................... Year..........