



education

Department:
Education
PROVINCE OF KWAZULU-NATAL

CHIEF DIRECTOR AND DIRECTOR PERFORMANCE MID-YEAR REVIEW TEMPLATE

Name of the SMS member		Job title			
Persal Number		Performance cycle			
Name of the Supervisor		Mid-Year review	April - September	Yes	No
Name of Department					
Province (if applicable)					

EMPLOYEE PERFORMANCE: KEY RESULT AREAS (KRAs)

OUTCOME					
OUTCOME INDICATOR					
KRA NO 1:					KRA weight
ACTIVITIES	PERFORMANCE MEASURES		SMS Rating	Supervisor Rating	Agreed Rating
	TARGET	ACTUAL ACHIEVEMENT/EVIDENCE			

Initials: _____

Mid-year review and Annual assessments template for Chief Director and Director

Initials: _____

OUTCOME					
OUTCOME INDICATOR					
KRA NO 2:				KRA weight	
ACTIVITIES	PERFORMANCE MEASURES		SMS Rating	Supervisor Rating	Agreed Rating
	TARGET	ACTUAL ACHIEVEMENT/EVIDENCE			

OUTCOME					
OUTCOME INDICATOR					
KRA NO 3:				KRA weight	
ACTIVITIES	PERFORMANCE MEASURES		SMS Rating	Supervisor Rating	Agreed Rating
	TARGET	ACTUAL ACHIEVEMENT/EVIDENCE			

Initials:_____

Mid-year review and Annual assessments template for Chief Director and Director

Initials:_____

OUTCOME					
OUTCOME INDICATOR					
KRA NO 4:				KRA weight	
ACTIVITIES	PERFORMANCE MEASURES		SMS Rating	Supervisor Rating	Agreed Rating
	TARGET	ACTUAL ACHIEVEMENT/EVIDENCE			

OUTCOME					
OUTCOME INDICATOR					
KRA NO 5:				KRA weight	
ACTIVITIES	PERFORMANCE MEASURES		SMS Rating	Supervisor Rating	Agreed Rating
	TARGET	ACTUAL ACHIEVEMENT/EVIDENCE			

Initials:_____

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Initials:_____

Competencies: Personal Development Plan

No			Dev. Required	
	Core Management Competencies (CMCs)	Process Competencies (PCs)	CMCs	PCs
			Yes/No	Yes/No
1	Strategic Capability and Leadership	Knowledge Management		
2	People Management and Empowerment	Service Delivery Innovation		
3	Programme and Project Management	Problem solving and analysis		
4	Financial Management	Client Orientation		
5	Change Management	Customer focus Communication		
Other Development Required				
1				
2				
3				

If any CMCs indicates yes for development required the PDP must be amended.

Comment by the SMS member on his/her performance

Comment by the Supervisor

SMS Signature: _____

Supervisor' Signature: _____

Date: _____

Date: _____

Initials: _____

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Initials: _____