

**SENIOR EXECUTIVE MANAGEMENT DEVELOPMENT PROGRAM (SEMDP)
SEMIANNUAL PROGRESS REVIEW**

NAME		PAY PLAN/SERIES/GRADE	ORG/SITE	TELEPHONE
MENTOR NAME/ORG/PHONE		INCLUSIVE DATES OF REVIEW		DATE OF ENTRY INTO PROGRAM
DEVELOPMENTAL ACTIVITIES COMPLETED	DATE (MM/DD/YY)	DEVELOPMENTAL ACTIVITIES NOT COMPLETED	PROBLEMS ENCOUNTERED	

PARTICIPANT'S COMMENTS:

SUPERVISOR'S COMMENTS/RECOMMENDATIONS:

MENTOR'S COMMENTS/RECOMMENDATIONS:

SEMDP COORDINATOR OR NAEI RECOMMENDATIONS:

PARTICIPANT (SIGNATURE)

DATE (MM/DD/YY)

SUPERVISOR (SIGNATURE)

DATE (MM/DD/YY)

MENTOR (SIGNATURE)

DATE (MM/DD/YY)

SEMDP COORDINATOR OR NAEI (SIGNATURE)

DATE (MM/DD/YY)