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| --- | --- | --- |
| Employee Evaluation Form | | |
| **Title of Position:** | | **Department:** |
| **Reports to:** | | **Employee Name:** |
| **Date of Review:** | **Evaluator Name:** | |

# Current Goals:

# 1.

# Was Goal 1 Completed?

# Yes No N/A or Incomplete

# 2.

# Was Goal 2 Completed?

# Yes No N/A or Incomplete

# 3.

# Was Goal 3 Completed?

# Yes No N/A or Incomplete

# Competencies:

1. Follows Procedures Consistently

1 2 3 4 5

Comments:

1. Works Efficiently/Makes Good Use of Time

1 2 3 4 5

Comments:

1. Completion of Tasks/Checklists

1 2 3 4 5

Comments:



1. Ability to Take Direction from Management

1 2 3 4 5

Comments:

1. Cooperation/Collaboration Skills

1 2 3 4 5

Comments:

# Organizational Competencies:

1. Teamwork

1 2 3 4 5

Comments:

1. Ambition/Drive for Success

1 2 3 4 5

Comments:

1. Customer-Ready Appearance/Presence

1 2 3 4 5

Comments:

1. Communication Skills (Verbal & Written)

1 2 3 4 5

Comments:

1. Reliability & Dependability

1 2 3 4 5

Comments:



# Goals for Next Performance Review:

1.

2.

3.

Comments:

|  |  |
| --- | --- |
| **Name of Evaluator:** | **Name of Employee:** |
| **Signature of Evaluator:** | **Signature of Employee:** |

