

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:

2. Works Efficiently/Makes Good Use of Time

1 2 3 4 5

Comments:

3. Completion of Tasks/Checklists

1 2 3 4 5

Comments:

4. Ability to Take Direction from Management

1 2 3 4 5

Comments:

5. Cooperation/Collaboration Skills

1 2 3 4 5

Comments:

Organizational Competencies:

1. Teamwork

1 2 3 4 5

Comments:

2. Ambition/Drive for Success

1 2 3 4 5

Comments:

3. Customer-Ready Appearance/Presence

1 2 3 4 5

Comments:

4. Communication Skills (Verbal & Written)

1 2 3 4 5

Comments:

5. 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:

Fit Small Business