# Yes/No Scale Performance Review

**Employee Name:**

**Title of Position:**

**Department:**

**Reports to:**

**Employment Type:**

**Date of Review:**

**Overview of Position/ Job Purpose:**

[*Enter job duties here*]

|  |  |
| --- | --- |
|  | **Meets Expectations** |
| **Puts Customers First** | * Yes
* No
 |
| Comments: |
| **Follows the Golden Rule** | * Yes
* No
 |
| Comments: |
| **Shows Integrity** | * Yes
* No
 |
| Comments: |
| **Shows Passion for Work** | * Yes
* No
 |
| Comments: |
| **Expresses Generosity** | * Yes
* No
 |
| Comments: |
| **Employee is Proactive** | * Yes
* No
 |
| Comments: |
|  |  |

**Overall Rating:**

Meets Expectations

* Yes
* No

|  |  |
| --- | --- |
| **Milestones/Improvements Required** | **Expected Date** |
| 1 -  |  |
| 2 -  |  |
| 3 -  |  |

**Final Comments:**

**Signature of Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**