

# 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]*

	<b>Meets Expectations</b>
<b>Puts Customers First</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<b>Follows the Golden Rule</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<b>Shows Integrity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<b>Shows Passion for Work</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<b>Expresses Generosity</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
<b>Employee is Proactive</b>	<input type="checkbox"/> Yes <input type="checkbox"/> 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:** \_\_\_\_\_