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| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** | | **Position:** | | | **Review Date:** | |
|  | |  | | |  | |
| **Review Period:** | | **Occasion for Review:** | | | | |
| From: | To: | Regular | Termination | End of Probation | | Other |
| **Reviewing Manager:** | |
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| **Employee’s Professional Goals:** |
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| **Rating:** |
| 1. Unacceptable – Performance is far below standard. Employee may be placed on probation or terminated. 2. Below Average – Performance is inconsistent and often below standard. 3. Satisfactory – Achieves results and performs work according to standards as defined in job description. 4. Above Average – Performance is very good. Employee often exceeds standards. 5. Outstanding – Employee demonstrates exceptional performance. Provides outstanding results well beyond the job requirements. |

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| **Evaluation Area:** | **Rating:** | **Notes/Comments:** |
| Customer Service Skills |  |  |
| Technical Skills |  |  |
| Quality of Work |  |  |
| Ability/Willingness to Learn |  |  |
| Dependability |  |  |
| Attitude/Cooperation |  |  |
| Mature Judgement |  |  |
| Paperwork/Organization |  |  |

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| --- | --- | --- |
| **Evaluation Area:** | **Rating:** | **Notes/Comments:** |
| Personal Hygiene/Appearance |  |  |
| Communication |  |  |
| Equipment Care/Maintenance |  |  |
| Commitment to Company Vision |  |  |

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| **Improvements Made this Review:** |
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| **Areas Needing Improvement:** |
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**Development Plan for Next Period**

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| **Performance Goals to be Achieved During the Next Review Period:** |
| (Specific, with due dates. Coordinate with Employee Development Planner) |

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| **What the Employee Needs from the Manager to Affect These Improvements:** |
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| --- |
| **Manager’s Comments:** |
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| **Employee’s Comments:** |
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| --- | --- | --- | --- |
| **Signature of Employee:** |  | **Date:** |  |
| Your signature does not express approval or disapproval of the evaluation. It merely signifies that this evaluation has been discussed with you. | | | |

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| --- | --- | --- | --- |
| I certify that this evaluation was conducted objectively and to the best of my judgement. The evaluation is based upon my personal observation and physical evidence of the employee’s work during this review period. | | | |
| **Signature of Manager:** |  | **Date:** |  |