

Performance Evaluation

Employee Name:	Review Period _____ to _____
Position:	Location:
<input type="checkbox"/> Six-Month Evaluation <input type="checkbox"/> Annual Evaluation	Completed by:

General Performance: Check one box for each of the following performance objectives.

Objective: <i>Objective Description</i>	Meets Expectations	Needs Improvement	Does Not Meet Expectations	Comments <i>*Please comment on each objective*</i>
Job Knowledge: <i>Knowledge and skill, does this transfer into performance?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication Skills: <i>Verbal & written communication, listening skills. Clear and courteous communication.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quality of Work: <i>Thoroughness, accuracy, performance vs. expectations.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity of Work: <i>Work habits, timeliness, speed, workload vs. work output.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Dependability: <i>Reliability, attendance, follow-through, meets deadlines.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills: <i>Team player, resolves conflicts, cooperative, works effectively with subordinates, peers, supervisors, and the public.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative: <i>Takes initiative to solve problems, assumes additional responsibility. Shows ambition.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision Making: <i>Uses logical and sound judgment.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Supervisory Performance: Comment strengths and weaknesses in each area for those employees who have supervisory responsibilities. List specific actions needed to correct deficiencies.

Planning & Organization: <i>Anticipates changes, establishes priorities. Uses resources well, plans work out.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leadership: <i>Gives clear, consistent direction, makes sound decisions. Coaches, mentors, and develops others.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Control: <i>Evaluates and corrects performance. Implements policies and procedures, utilizes resources.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Key Strengths: *What are the employee’s top strengths and how did they display them within this review period?*

Strength	Example of Strength Displayed
1.	
2.	

Professional Development: *What is the plan to build on performance and to support continued professional development? What actions can be taken to improve performance?*

Goal	Activity/Event
1.	
2.	
3.	

Verification of Review: *By Signing this form, you confirm that you have discussed this review in detail with the evaluator. Signing this form does not necessarily indicate that you agree with this evaluation.*

Employee Signature:	Date:
Evaluator Signature:	Date: