

Performance Review

Employee's name:		Employee's job title/position:	
Department:	Supervisor's name and title:	Reviewer's name and title:	
Date of review:	Time period reviewed:		

CATEGORY	BELOW EXPECTATIONS	MEETS EXPECTATIONS	EXCEEDS EXPECTATIONS	FAR EXCEEDS EXPECTATIONS	REVIEWER'S COMMENTS
JOB KNOWLEDGE					
JOB SKILLS					
COMMUNICATION SKILLS					
WORK QUALITY					
WORK CONSISTENCY					
PRODUCTIVITY					
ATTENDANCE					
PUNCTUALITY					
DEPENDABILITY					
INITIATIVE					
COOPERATION					
CREATIVITY					
ENTHUSIASM					
OPEN TO FEEDBACK					
COMPLIES WITH POLICIES					
OTHER					
OTHER					
OVERALL					

Additional Reviewer Comments: _____

	DEVELOPMENT GOALS FOR EMPLOYEE	TARGET COMPLETION DATE
1		
2		
3		

Performance Review

To be completed by Employee:

PROFESSIONAL DEVELOPMENT/TRAINING THAT EMPLOYEE SEEKS	
1	
2	
3	

ANY OBSTRUCTIONS HINDERING EMPLOYEE'S PERFORMANCE	
1	
2	
3	

Employee Comments: _____

Signing this document does not mean that you agree with its contents. Signing acknowledges that you have viewed and discussed the document's contents.

Employee signature: _____	Date: _____
Reviewer signature: _____	Date: _____