

## Performance Evaluation Form

### Review Information

Employee Name				
Job Title				
Department				
Manager/Supervisor				
Review Period	From		To	

### Productivity

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Makes realistic goals					
Meets deadlines					
Works smarter, not harder					
Looks for efficiencies					
Completes tasks					
Shows good judgments					

### Communication

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Processes received information					
Listens to others					
<b>Communicates effectively</b>					
<i>Verbal communications</i>					
<i>Written communications such as reports, documents</i>					
E-mail etiquette					
Telephone etiquette					

### Leadership

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Leads by example					
Finds realistic solutions					
Acts decisively; meets problems head-on					
Brings out the best in team members					
Resolves conflicts					
Establishes clear expectations					
Provides necessary resources					
Delegates clearly					

### Personal Development

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Even-tempered under pressure					
Sets high standards for self					
Sets challenging goals					

### Relationships

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Strong customer advocate					
Sets aside personal biases and wants					
Gives good, practical advice					
Fosters loyalty in employees					

### Management

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Gets By	(1) = Needs Work
Prioritizes tasks					
Responds quickly and well to problems					
Manages costs effectively					
Develops new strategies					
Organizes tasks					

### Goals For Next Review Period

*Indicate the agreed upon goals and standards of performance which are appropriate to establish for the next review period. Consider actions, activities or programs designed to meet job objectives and functions over the next review period.*

### Employee Comments

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### Signatures

Employee	Date
<i>(The employee's signature indicated that he/she was given the opportunity to read this review and add comments; it does not necessarily signify total agreement.)</i>	
Manager/ Supervisor	Date

**Recommendations to Management for review/approval**

**Management approval**