

A-13.0 Performance Appraisals Attachment A

PEER REVIEW FORM

TEAM Member: _____ **Date Review Performed:** _____

Date of Employment: _____ **Type of Review:** 3-Month / 6-Month / Anniversary

Please complete this form by _____ and return to _____

Please rate your TEAM Member using the following scale by placing a check mark in the column that reflects the best answer:

		Unacceptable	Needs Improvement	Satisfactory	Excellent
1.	Professional personal appearance				
2.	Conducts self in a professional manner with patients				
3.	Communicates clearly, professionally, and diplomatically				
4.	Performs well under pressure				
5.	Respects and follows established rules and procedures				
6.	Discreet about confidential information, both patient and personal				
7.	Demonstrates good attendance and punctuality				
8.	Does share of workload and makes efficient use of time				
9.	Has an interest in job and patients				
10.	Work is neat, legible and organized				
11.	Cooperates and works well with TEAM Members				
12.	Notifies what needs to be done and does it without being told				
13.	Respects other person's opinion even if in disagreement				
14.	Willing to grow, accepts challenges and learns new skills				

What do you feel are three strengths this TEAM Member brings to this position?

1. _____
2. _____
3. _____

What do you feel are areas to further develop?

1. _____
2. _____
3. _____

This information is to remain confidential! Your peers have provided the information in the strictest confidence. Any attempt to identify the participants or discuss their responses with your peers is considered insubordination and could result in disciplinary action up to and including termination.