

# Chef Evaluation Form PDF

## Chef Information

- Name: \_\_\_\_\_
- Evaluation Period: \_\_\_\_\_

## Evaluation Criteria

**Technical Skills**

**Creativity**

**Kitchen Management**

**Staff Management**

**Hygiene and Safety Compliance**

**Scoring Guide: 1-5 (1 = Needs Improvement, 5 = Outstanding)**

Criteria	Score	Detailed Feedback
<b>Technical Skills</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____
<b>Creativity</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____
<b>Kitchen Management</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____
<b>Staff Management</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____

<b>Hygiene and Safety Compliance</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____
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**Additional Comments:**

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**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_