
Chef Evaluation Form Template

Chef's Name: _____

Position: _____

Evaluation Date: _____

Evaluator's Name: _____

Performance Areas:

Culinary Skills

- Knife skills, cooking techniques, presentation

Creativity and Innovation

- Ability to create new recipes, presentation of dishes

Efficiency and Time Management

- Speed in preparation, ability to manage multiple tasks

Sanitation and Safety

- Adherence to health codes, cleanliness of work area

Leadership and Teamwork

- Ability to lead a team, communication skills

Ratings: 1 (Poor) - 5 (Excellent)

Performance Area	Rating	Comments
Culinary Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____ _____

Creativity and Innovation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<hr/> <hr/>
Efficiency and Time Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<hr/> <hr/>
Sanitation and Safety	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<hr/> <hr/>
Leadership and Teamwork	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<hr/> <hr/>

Overall Performance Comments:

Evaluator's Signature: _____ **Date:** _____