

Restaurant Manager Review Form

Manager Information

- Manager Name: _____
- Review Period (Start and End Date): _____
- Restaurant Location: _____

Performance Assessment

- Leadership Skills: _____
- Communication Effectiveness: _____
- Team Coordination: _____
- Customer Interaction: _____
- Problem-Solving Ability: _____

Manager's Achievements

- Key Successes: _____
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- Areas of Development: _____
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Reviewer Information

- Name: _____
- Position: _____

Acknowledgment

[] I confirm that the information provided is accurate and based on my observations.

Signature

- Reviewer Signature: _____
- Date: _____