

Assessment Form for Employees

Employee Details

- Employee Name: _____
- Department: _____
- Job Title: _____
- Date of Assessment: _____

Assessment Areas

Criteria	Excellent	Good	Needs Improvement	Poor
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem-Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key Strengths & Achievements

Areas for Improvement

Future Goals & Development Plan

- Enroll in additional training programs**
- Improve time management skills**
- Increase collaboration with team members**

Employee's Comments

Signatures & Acknowledgment

Employee's Signature: _____ **Date:** _____

Manager's Signature: _____ **Date:** _____