

# Restaurant Food Service Employee Evaluation Form

## Employee Information

- Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Supervisor Name: \_\_\_\_\_
- Date: \_\_\_\_\_

## Performance Areas

Criteria	Rating (1-5)	Supervisor's Comments
Plating and Presentation		
Customer Interaction		
Attention to Dietary Needs		
Time Management		
Team Leadership (if applicable)		

## Employee Feedback Section

1. What improvements would you like to see in your role or work environment?

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**2. How can management better support your performance?**

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**Supervisor's Comments**

**General observations and additional feedback:**

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**Signatures**

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

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