

Employee Performance

Evaluation Form

Employee Information

Full Name: _____

Job Title: _____

Department: _____

Supervisor's Name: _____

Evaluation Period: From ___ / ___ / _____ to ___ / ___ / _____

Evaluation Criteria

Rate the following aspects on a scale from 1 to 5 (1 = Poor, 5 = Excellent).

Performance Criteria	1	2	3	4	5	Comments
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Productivity and Efficiency	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Teamwork and Collaboration	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	
Attendance and Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adaptability and Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Initiative and Proactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Overall Performance Rating (Average Score): _____

Areas for Improvement

Goals for Next Review Period

Employee Signature: _____

Date: ____ / ____ / _____

Supervisor's Signature: _____

Date: ____ / ____ / _____