

Manager Performance Evaluation Form

Manager's Information

Full Name: _____

Department: _____

Position Title: _____

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

Managerial Performance Evaluation

Rate the manager's performance using the following scale:

1 - Needs Improvement | 2 - Fair | 3 - Good | 4 - Very Good | 5 - Excellent

Evaluation Criteria	1	2	3	4	5	Comments
Strategic Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conflict Resolution	<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"/>	
Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ability to Inspire Teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Leadership Strengths

What are the manager's strongest leadership qualities?

Areas for Improvement

Which areas require further development?

Recommended Training and Support

What additional training or support would benefit the manager?

Evaluator's Signature: _____

Date: ____ / ____ / _____