PERFORMANCE EVALUATION

HELPING ORGANIZATIONS MAXIMIZE SUPERVISION EXPERIENCES WITH EMPLOYEES

LENORE COACHING

PURPOSE DRIVEN LIVING

Employee Information

Employee Name:

Department:

Reviewer:

Date:

Period of Review:

Reviewers Title:

Performance Evaluation	Excellent	Good	Fair	Poor	Comments
Job Knowledge					
Productivity					
Work Quality					
Technical Skills					
Work Consistency					
Enthusiasm					
Cooperation					
Attitude					
Initiative					
Work Relations					
Creativity					
Punctuality					
Attendance					
Dependability					
Communication Skills					
Overall Rating					

Opportunities for Development

Reviewers Comments

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this performance evaluation.

Employee Signature **Date**

Reviewers Signature **Date**