# Performance Feedback Evaluation

Employee Name

Position/Role

Department

Review Date

## Evaluation Summary

## Performance Criteria

| Criteria | Rating | Comments |
|---|---|---|
| Quality of Work | | |
| Productivity | | |
| Communication | | |
| Teamwork | | |
| Initiative | | |

## Strengths

## Areas for Improvement

## Goals & Action Plan

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## Employee Comments

<br>

Reviewer Name

<br>

Signature