

# Annual Staff Evaluation Form

## Employee Information

Employee Name

Position/Title

Department

Supervisor Name

Evaluation Period

e.g. Jan 2023 – Dec 2023

## Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Dependability	<input type="text"/>	<input type="text"/>

Criteria	Rating (1-5)	Comments
Initiative		

## Summary & Goals

Key Strengths

Areas for Improvement

Goals for Next Year

## Employee Comments

## Signatures

Employee Signature

Date

Supervisor Signature

Date

