

Managerial Performance Review

Manager Name:

Review Period:

Department:

Reviewer Name:

Date:

Performance Criteria

| Criteria | Comments/Observations | Rating (1-5) |
|------------------------------|-----------------------|--------------|
| Leadership & Team Management | <div></div> | <div></div> |
| Goal Achievement | <div></div> | <div></div> |
| Decision Making | <div></div> | <div></div> |
| Communication | <div></div> | <div></div> |
| Employee Development | <div></div> | <div></div> |
| Problem Solving | <div></div> | <div></div> |

Overall Strengths

Areas for Improvement

Development Goals & Action Plans

Manager Signature:

Reviewer Signature: