

# Managerial Performance Review

Manager Name:

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Review Period:

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Department:

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Reviewer Name:

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Date:

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## Performance Criteria

| Criteria                     | Comments/Observations | Rating<br>(1-5) |
|------------------------------|-----------------------|-----------------|
| Leadership & Team Management | <input type="text"/>  | <hr/> <hr/>     |
| Goal Achievement             | <input type="text"/>  | <hr/> <hr/>     |
| Decision Making              | <input type="text"/>  | <hr/> <hr/>     |
| Communication                | <input type="text"/>  | <hr/> <hr/>     |
| Employee Development         | <input type="text"/>  | <hr/> <hr/>     |
| Problem Solving              | <input type="text"/>  | <hr/> <hr/>     |

## Overall Strengths

## Areas for Improvement

## Development Goals & Action Plans

Manager Signature:

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Reviewer Signature:

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