

# Performance Assessment Blank Form

## Employee Information

Name:

Position:

Department:

Review Period:  e.g. Jan-Jun 2024

Reviewer:

## Performance Criteria

Criteria	Rating	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"/>
Initiative	<input type="text"/>	<input type="text"/>

## Strengths & Areas for Improvement

Strengths:

Areas for Improvement:

## Goals & Training Needs

Goals:

Training Needs:

## Reviewer Comments

Comments:

Employee Signature:

Date:

Reviewer Signature:

Date: