

Performance Assessment Blank Form

Employee Information

Name:

Position:

Department:

Review Period:

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: