

# Employee Assessment Form

Employee Name

Position/Title

Department

Assessment Date

## Performance Criteria

Criteria	Rating (1-5)	Comments
Job Knowledge	<input type="text"/>	<input type="text"/>
Quality of Work	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Goals & Action Plan

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Employee Signature

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Supervisor Signature

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Date