

# Staff Evaluation Sheet

Employee Name

Employee ID

Department

Supervisor Name

Evaluation Period

## Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<div></div>	<div></div>
Productivity	<div></div>	<div></div>
Communication Skills	<div></div>	<div></div>
Teamwork	<div></div>	<div></div>
Punctuality	<div></div>	<div></div>

## Summary & Recommendations

Strengths

Areas for Improvement

Goals for Next Evaluation

**Supervisor Signature**

**Date**