

Staff Assessment Evaluation

Employee Name

Position/Title

Department

Date

Evaluator Name

Review Period

Performance Criteria

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

Strengths

Areas for Improvement

Goals & Development Plans

Employee Signature

Evaluator Signature

Date