

Supervisor Evaluation Form

Employee Information

Employee Name

Position/Title

Department

Evaluation Date

Performance Evaluation

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

Supervisor's Comments

Employee Comments (Optional)

Signatures

Supervisor Signature

Employee Signature

Date