

Team Member Performance Evaluation

General Information

Team Member Name:

Position/Role:

Evaluator Name:

Evaluation Date:

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work		
Productivity		
Communication		
Teamwork		
Initiative		

Overall Comments

Strengths / Achievements

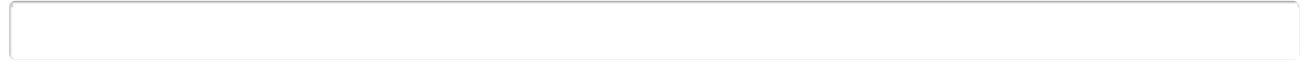
Areas for Improvement

Goals & Development Plans

Set Goals / Actions for Next Review Period

Evaluator Signature:

Team Member Signature:

A large, empty rectangular box with a thin black border, intended for a team member to sign.