

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	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

Overall Comments

Strengths / Achievements

Areas for Improvement

Goals & Development Plans

Set Goals / Actions for Next Review Period

Evaluator Signature:

Team Member Signature: