

Employee Assessment Form

Employee Name

Job Title

Department

Assessment Date

Manager/Supervisor

Review Period e.g. Jan - Jun 2024

Performance Criteria

Criteria	Rating	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"/>

Employee Strengths

Areas for Improvement

Goals & Development Plans

Employee Signature

Manager/Supervisor Signature