

# Manager Assessment Form

## Employee Information

Employee Name

Position/Title

Department

Review Period

e.g. Jan 2024 - Jun 2024

Manager Name

Date

## Performance Assessment

Key Responsibilities

List key responsibilities...

Achievement Highlights

Noteworthy achievements...

Areas for Development

Areas needing improvement...

## Competency Ratings

Communication Skills

Select

Teamwork

Select



Problem Solving

Select



Dependability

Select



Other Competencies

Comments on other relevant competencies...

## Goals & Action Plan

Short-Term Goals

Proposed short-term goals...

Long-Term Goals

Proposed long-term goals...

## Manager Comments

Overall assessment and remarks...

## Employee Comments

Employee feedback (to be filled by employee)...

Employee Signature

Date

Manager Signature

Date