

Manager Assessment Form

Employee Information

Employee Name

Position/Title

Department

Review Period

Manager Name

Date

Performance Assessment

Key Responsibilities

Achievement Highlights

Areas for Development

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