

Performance Management Assessment Blank Form

Employee Name

Position/Title

Department

Review Period

Review Date

Reviewer Name

Assessment Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity & Efficiency	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Initiative & Problem Solving	<input type="text"/>	<input type="text"/>
Teamwork & Collaboration	<input type="text"/>	<input type="text"/>
Dependability & Attendance	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Employee Comments

Overall Assessment

Employee Signature	Date	Reviewer Signature	Date