

# Staff Performance Review Assessment Form

## Staff Information

Name

Position / Title

Department

Review Period

e.g. Jan 2024 – Jun 2024

Date of Assessment

## Performance Criteria

Criteria	Assessment / Comments	Rating
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication Skills	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

## Strengths

## Areas for Development

## Goals / Action Plan

Employee Signature

Date

Reviewer Signature

Date