

Manager Performance Assessment Report

Assessment Period: _____

Manager Name: _____

Department/Team: _____

Assessment Date: _____

Assessor Name & Position: _____

1. Key Responsibilities & Objectives

Responsibility / Objective	Comments

2. Core Competencies Assessment

Competency	Rating (1-5)	Comments
Leadership		
Communication		
Decision Making		
Team Development		
Problem Solving		

3. Goals Achieved

Goal	Status	Comments

4. Strengths

5. Areas for Improvement

6. Development Plan

7. Overall Comments

Assessor Signature & Date

Manager Signature & Date