

Quarterly Performance Evaluation Report

Employee Information

Employee Name: _____

Employee ID: _____

Department: _____

Position: _____

Reporting Period: _____ to _____

Supervisor: _____

Date: _____

Performance Assessment

Key Areas	Objectives	Performance Indicators	Rating (1-5)	Comments
Quality of Work	_____	_____	—	_____
Productivity	_____	_____	—	_____
Teamwork	_____	_____	—	_____
Communication	_____	_____	—	_____
Initiative	_____	_____	—	_____

Strengths

Areas for Improvement

Action Plan / Development Goals

Additional Comments

Employee Signature
Date: _____

Supervisor Signature
Date: _____