

Supervisor Evaluation Report

Employee Name:

Position/Title:

Department:

Evaluation Date:

Supervisor Name:

Performance Criteria

Criteria	Rating (1-5)	Comments
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 & Collaboration	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>
Attendance & Punctuality	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments

Supervisor Signature & Date

Employee Signature & Date