

Team Member Performance Review Report

Period: _____

Employee Information

Name: _____

Position/Title: _____

Department: _____

Reviewer: _____

Date of Review: _____

Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	_____	_____
Productivity & Efficiency	_____	_____
Teamwork & Collaboration	_____	_____
Communication	_____	_____
Dependability	_____	_____
Problem Solving	_____	_____

Strengths

Enter strengths here...

Areas for Improvement

Enter areas for improvement here...

Goals & Development Plan

Describe goals and development plans...

Reviewer Signature

Employee Signature
