

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
