**Confidential Employee Performance Evaluation**

**Annual Trial**

**Employee Name: Job Title:**

**Evaluator: Evaluation Date:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation Item** | **Service Rating** | | | | |  | **5** | Excellent |
| **1. General Quality of Work** | **5** | **4** | **3** | **2** | **1** |  | **4** | Very Good |
| **2. Dependability** | **5** | **4** | **3** | **2** | **1** |  | **3** | Good |
| **3. Knowledge of Position** | **5** | **4** | **3** | **2** | **1** |  | **2** | Fair |
| **4. Communication Skills** | **5** | **4** | **3** | **2** | **1** |  | **1** | Poor |
| **5. Organizational Skills** | **5** | **4** | **3** | **2** | **1** |  |  |  |
| **6. Team Player** | **5** | **4** | **3** | **2** | **1** |  | **Superior 41-50 points** | |
| **7. Commitment to Position** | **5** | **4** | **3** | **2** | **1** |  | **Good 31-40 points** | |
| **8. Follows Policies & Procedures** | **5** | **4** | **3** | **2** | **1** |  | **Poor 21-30 points** | |
| **9. Work Initiative** | **5** | **4** | **3** | **2** | **1** |  | **Unsatisfactory 10-20 points** | |
| **10. Concern for Clientele** | **5** | **4** | **3** | **2** | **1** |  |  |  |
| **Column Totals** |  |  |  |  |  |  | **Final Score** |  |
|  |  |  |  |  |  |  |  |  |
| **Performance Summary** | | | | | | | | |
| **What are the employee's strong points?** | | | | | | | | |
|  | | | | | | | | |
| **What are the employee's areas of opportunity?** | | | | | | | | |
|  | | | | | | | | |
| **Suggestions for the employee to achieve goals or make improvements?** | | | | | | | | |
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| **What additional training would benefit the employee?** | | | | | | | | |
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| **Employee Feedback** | | | | | | | | |
| **What are your most important accomplishments over the past year?** | | | | | | | | |
|  | | | | | | | | |
| **What are your areas of opportunity to improve?** | | | | | | | | |
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| **What training would you like to participate in the next year?** | | | | | | | | |
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| **Other concerns you would like to discuss:** | | | | | | | | |
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| **Signatures:** | | | | | | | | |
| **Employee Signature: Date:** | | | | | | | | |
| **Supervisor's Signature: Date:** | | | | | | | | |
| **Program Director's Signature: Date:** | | | | | | | | |
| **Executive Director's Signature: Date:** | | | | | | | | |
|  |  |  |  |  |  |  |  |  |
| **Other Comments and Concerns:** | | | | | | | | |
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