Employee Performance Review

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Annual Performance Evaluation Form

Employee Information		
Employee Name:	Employee ID:	
Position/Title:	Department:	
Review Period:	Review Date:	
Performance Ratings		
Rate each category on a scale of 1-5: (1) Needs Improvement, (2) Below Expectations, (3) Meets Expectations, (4) Exceeds Expectations, (5) Outstanding		
Job Knowledge & Skills Understanding of role and technical competence Comments:	ties 1 2 3 4 5	
Quality of Work Accuracy, thoroughness, and attention to detail 1 2 3 4 Comments:		
Productivity Efficiency and ability to meet deadlines Comments:	1 2 3 4 5	

Communication Verbal, written, and interpersonal skills Comments:	1 2 3 4 5
Teamwork & Collaboration Working effectively with others Comments:	1 2 3 4 5
Initiative & Innovation Proactive approach and creative problem-solving Comments:	1 2 3 4 5
Leadership & Mentoring Guiding and supporting team members Comments:	1 2 3 4 5
Adaptability Flexibility and response to change Comments:	1 2 3 4 5
Attendance & Punctuality Reliability and time management Comments:	1 2 3 4 5
Professional Development Commitment to learning and growth Comments:	1 2 3 4 5

Goals & Achievements

Key Achievements This Period:		
List significant accomplishments and contributions		
1		
2.		
3.		
4.		
Progress on Previous Goals:		
Review goals set during the last performance review		
Areas for Development		
Skills to Improve:		
Identify areas where growth is needed		
1		
2.		
3.		
Suggested Training & Development:		
Recommended courses, workshops, or mentoring		
Goals for Next Review Period		
Goal 1:		
Target Date: S	uccess Metrics:	

Goal 2:	
Target Date:	Success Metrics:
Goal 3:	
Target Date:	Success Metrics:
Goal 4:	
Target Date:	Success Metrics:
Goal 5:	
Target Date:	Success Metrics:

Manager's Comments: **Employee's Comments: Overall Performance Rating** 2 - Below Expectations 1 - Needs Improvement 3 - Meets Expectations 4 - Exceeds Expectations 5 - Outstanding Signatures **Employee Signature:** Manager Signature: Date: Date: HR Representative Signature: Senior Manager Signature (if applicable): Date: Date:

Additional Comments

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