

STAFF EVALUATION FORM

Employee Name: _____
Job Title & Department: _____
Supervisor/Manager's Name: _____
Evaluation Period (From – To): _____
Date of Evaluation: _____

Performance Criteria *(use the following rating scale):*

1 – Poor 2 – Needs Improvement 3 – Meets Expectations 4 – Exceeds Expectations 5 – Outstanding

Criterion	Description	Rating (1 – 5)	Comments

OVERALL RATING:

Manager's Comments:

Employee Signature: _____ Date: _____
Manager's Signature: _____ Date: _____