

Performance Evaluation

Name _____ Date _____

Position _____ Hire Date _____

Type of Report 1 month 3 month 6 month Annual Other

Present supervisor _____

| Factor | Needs Improvement | | | Meets Requirements | | Comments |
|------------------------------|-------------------|--------------------|----------------------|--------------------|----------------------|----------|
| | Needs Improvement | Meets Requirements | Exceeds Requirements | Meets Requirements | Exceeds Requirements | |
| Job Knowledge | | | | | | |
| Quality of Work | | | | | | |
| Quantity of Work | | | | | | |
| Follows Instruction | | | | | | |
| Cooperates With Others | | | | | | |
| Dependability | | | | | | |
| Responsibility for Equipment | | | | | | |
| Safety | | | | | | |
| Patient/Parent Interaction | | | | | | |
| Other | | | | | | |

Strong Areas of Performance:

Areas Needing Improvement:

Action Plan—Comments

Employee:

Supervisor:

I acknowledge that this evaluation has been discussed with me and understand that my signature does not imply agreement or disagreement.

Employee's Signature/Date

Supervisor's Signature/Date

Reviewed by

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