Before printing, edit the sections that appear highlighted in yellow and in brackets below.

# Prime Performance Employee Evaluation

Please fill out this check-in form and deliver it to your manager 24 hours in advance of your meeting.

|  |
| --- |
| Date Form Completed: |
| Name and Title of Employee: |
| Name and Title of Person Completing this Form: |

What are the areas or projects where [Employee Name] excelled and/or demonstrated growth?

## GROWTH PLANNING

[Consider the company’s mission, vision and core values; these items should be universal for all employees.]Please review the categories below. How does [Employee Name] integrate these areas into their work?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [Company] has a culture of [describe company specific values]. The below sections outline areas we believe, when done well, lead to an effective, collaborative, and fun workplace. | Consistently | Most of the time | Inconsistently | Rarely | Development Opportunity |
| **Communication:** The employee communicates effectively with other team members about project deadlines and scheduling, and is responsive to email and other necessary correspondences internally and externally. |  |  |  |  |  |
| **Teamwork**: The employee is a team player, works well with others, collaborates on necessary projects and initiatives, and fulfills their individual responsibilities on projects and initiatives. |  |  |  |  |  |
| **Leadership**: The employee exhibits signs of ownership in their work, takes initiative when necessary, and embodies the values of the company in their internal and external interactions with coworkers and clients. |  |  |  |  |  |
| **Innovation**: The employee effectively problem solves and/or regularly tries to come up with new and innovative ideas/suggestions to enhance our services. |  |  |  |  |  |
| **Care**: The employee approaches their interactions with coworkers in a respectful, professional, and kind manner. |  |  |  |  |  |
| **Effectiveness:** The employee effectively prioritizes various responsibilities, manages time effectively, and produces quality work. |  |  |  |  |  |

## TEAM SPECIFIC CRITERIA

[Team Specific Criteria should be consistent across all your team members.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The below areas are specific to the employee’s job and the work that is done in your team. When these areas are done well employees are actively and positively contributing to their team’s goals and the broader company mission. | Consistently | Most of the time | Inconsistently | Rarely | Development Opportunity |
| [Area 1] |  |  |  |  |  |
| [Area 2] |  |  |  |  |  |
| [Area 3] |  |  |  |  |  |

## DEVELOPMENT PLANNING

## Use the space below to identify areas where you believe [Employee Name] can focus in order to excel in their role and continue to develop within the company and/or their career goals.

Review goals from previous session. Are these still relevant? Was progress made?

Where would you place [Employee Name]’s efforts towards growth and development over the last 4 months?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor | Average | Good | Excellent | N/A |

Elaborate here:

What development goals would you like [Employee Name] to focus on over the next 4 months?

What tangible steps can be taken in order to achieve or gain traction on the above goals?

List the tangible items/tasks (3 – 5) that you and [Employee Name] can accomplish to work better together in order to support growth and development. Include items/tasks that are working well.

I am signing this evaluation to indicate that I have reviewed and discussed the above comments with my evaluating manager and have signed off on the listed goals/objectives. *(Signature does not necessarily signify agreement.)*

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_

**Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluating Manager Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_