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| EMPLOYEE EVALUATION Form | | | | | |
| Employee Name: |  | | | Title: |  |
| Evaluation for the period |  | | | Department: |  |
|  | | | | | |
| Goals and objectives during this evaluation period | | | | | Note: |
|  | | | | |  |
| Achievements, accomplishments, and responsibilities (completed by Employee) | | | | | Note: |
|  | | | | |  |
| Evaluation (completed by supervisor) | | | | | Note: |
|  | | | | |  |
| Strengths and areas for development | | | | | Note: |
|  | | | | |  |
| Career development plan | | | | | Note: |
|  | | | | |  |
| Goals and objectives for next evaluation period | | | | | Note: |
|  | | | | |  |
| Employee Signature | | Date | Supervisor Signature | | Date |
|  | | [DD/MM/YY] |  | | [DD/MM/YY] |