

INTERIM PERFORMANCE EVALUATION

Employee Name: _____

Supervisor: _____

Position: _____

Appraisal Period: _____

Department: _____

Hire Date: _____

Reason for Evaluation: 3 months 6-12 months Improve Performance

ALWAYS
EXCEEDS
EXPECTATIONS USUALLY
MEETS
EXPECTATIONS SOMETIMES
MEETS
EXPECTATIONS FAILS
EXPECTATIONS

Quality of Work/Comments:

Accuracy: _____

Timeliness: _____

Follows directions: _____

Teamwork/Comments:

Cooperation: _____

Enthusiasm: _____

Communication: _____

Respect for others: _____

Quantity of Work/Comments:

Work volume: _____

Dependability: _____

Initiative/Comments:

Job knowledge: _____

Resourcefulness: _____

Self-motivator: _____

EXPLAIN SPECIFIC DUTIES	REMARKS ON PERFORMANCE

RESULTS ACHIEVED	FUTURE GOALS

Supervisor's Comments and Recommendations:

Employee's Comments:

Employee: _____ Date: _____ Supervisor: _____ Date: _____