

Your Logo Here

MANAGERIAL PERFORMANCE APPRAISAL

Review Period Covered:

Date of Review: _____

From: ____ / ____ / ____ To: ____ / ____ / ____
Month/Day/Year Month/Day/Year

Review Type: 90 Day Annual/Semi-Annual Other (Specify) _____

Name: _____

Title: _____ Department: _____

Length of Time in Position: _____

Reviewer Name: _____

Title: _____ Department: _____

RATING OF PERFORMANCE CHARACTERISTICS

C **COMMENDABLE:** Consistently exceeds job requirements.

V **VERY GOOD:** Often exceeds job requirements.

G **GOOD:** Consistently meets job requirements and performance standards of job.

NI **NEEDS IMPROVEMENT:** Does not meet job standards for important requirements; needs to acquire additional knowledge and/or skill to perform some job elements.

MANAGERIAL KNOWLEDGE:

Comprehends supervisory/management skills and techniques and applies them appropriately.

C _____
V _____
G _____
NI _____

DELEGATION:

Gets work accomplished through and with other staff. Assigns work and authority commensurate with subordinates' capabilities.

C _____
V _____
G _____
NI _____

COMMUNICATION:

Establishes an atmosphere that encourages direct discussion and problem solving. Establishes two-way communication. Listens to and considers the ideas and suggestions of staff.

C _____
V _____
G _____
NI _____

EMPLOYEE EVALUATION/DEVELOPMENT:

Provides ongoing and timely performance feedback. Writes and conducts constructive, objective performance reviews. Establishes challenging but attainable goals for self and others.

C _____
V _____
G _____
NI _____

TRAINING:

Provides coaching and technical information to develop subordinates' abilities. Establishes career development plans for subordinates.

C _____
V _____
G _____
NI _____

