

# ANNUAL STAFF EMPLOYEE PERFORMANCE EVALUATION

Employee: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Review Date: \_\_\_\_\_

**Part I:** - Performance Assessment - Evaluate employee's performance in relation to the following functions:

5 = Excellent 4 = Above Average 3 = Average 2 = Improvement Needed 1 = Unacceptable

**A. Professional Ability**

1. **Job Knowledge:** Knowledge in all aspects of the position and possesses the essential skills to complete tasks. Is aware of changes and trends in knowledge related to the position. 5 4 3 2 1 \_\_\_\_\_

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2. **Judgment:** Ability to make and willingness to accept responsibility for reasonable and correct decisions based on experience and professional judgment. 5 4 3 2 1 \_\_\_\_\_

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**B. Human Relations Skills**

1. **Interpersonal skills:** Willingly cooperates and effectively communicates with others in the firm. 5 4 3 2 1 \_\_\_\_\_

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2. **Communications:** Effectively conveys ideas clearly and succinctly. 5 4 3 2 1 \_\_\_\_\_

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**C. Administrative Ability**

1. **Coordination:** Works well individually and as a team member. Has the ability to listen and learn from others. 5 4 3 2 1 \_\_\_\_\_

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3. **Teamwork:** Ability to function in a team setting with Partners, Associates, and Support Staff. 5 4 3 2 1 \_\_\_\_\_

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2. **Planning:** Develops appropriate action plan for self to achieve goals effectively; employs appropriate resources; sets realistic deadlines. 5 4 3 2 1 \_\_\_\_\_

3. **Execution of Policies and Procedures:** Correctly observes and executes firm policies and procedures. 5 4 3 2 1 \_\_\_\_\_

4. **Goal Orientation:** Revises priorities based upon changes or needs, follows through and meets deadlines. 5 4 3 2 1 \_\_\_\_\_

**Part II: Developmental Plans**

Major areas requiring performance improvement: \_\_\_\_\_

Action plan for improvement: \_\_\_\_\_

Other comments: \_\_\_\_\_

**Part IV: Accomplishments and Contributions**

Describe the progress of the employee in other areas besides those listed in Part II above. \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Evaluator's Signature Title Date**

Evaluation discussed with employee on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Follow-up requested/desired: \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Follow-up date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Employee's Signature Title Date**