

Annual Staff Evaluation Form



Staff Name: _____

Reviewer Name: _____

Review Date: _____

1) Assess the completion of their previous year's goals (if applicable).

2) Go through their questionnaire. Ask follow-up questions where needed.

3) Areas of strength: _____

3) Areas of improvement: _____

4) Go through their next year's goals and assess a personal development plan.

5) Comments: _____
