

# Employee Evaluation Form

Performance review template for healthcare clinics and practices

## 1. Employee Information

|                 |                 |                 |
|-----------------|-----------------|-----------------|
| EMPLOYEE NAME   | ROLE / POSITION | MANAGER NAME    |
| EVALUATION DATE | REVIEW PERIOD   | EVALUATION TYPE |

Evaluation type examples: annual review, 30/60/90-day probationary review, or performance-improvement follow-up.

## 2. Rating Scale

| Rating             | Definition                                                                            |
|--------------------|---------------------------------------------------------------------------------------|
| 5 — Exceeds        | Consistently exceeds expectations; demonstrates expertise and mentors others.         |
| 4 — Meets          | Fulfills role requirements; performs duties reliably and independently.               |
| 3 — Developing     | Shows promise but requires additional training or supervision; performance improving. |
| 2 — Below standard | Does not meet expectations in this area; performance improvement plan recommended.    |
| 1 — Not assessed   | Role or criterion not applicable for this employee at this time.                      |

## 3. Performance Criteria

| Category                                                                                                                      | 1                     | 2                     | 3                     | 4                     | 5                     |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Clinical competency</b><br>Protocol knowledge, treatment safety, diagnostic accuracy, scope of practice                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Patient care quality</b><br>Communication, informed consent, pre/post-care guidance, patient satisfaction                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Compliance &amp; documentation</b><br>Accurate charting, consent forms, data protection (HIPAA/GDPR), regulatory adherence | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Communication &amp; teamwork</b><br>Collaboration, handoff clarity, feedback acceptance, conflict resolution               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Attendance &amp; reliability</b><br>Punctuality, no-show rate, shift coverage, professional conduct                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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## 4. Manager Feedback

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Use specific examples, not generalizations — write what the employee did, not a general impression.

## 5. Employee Self-Assessment (optional)

WHAT WENT WELL THIS PERIOD?

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WHAT WOULD YOU LIKE SUPPORT WITH?

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## 6. Goal Setting & Development Plan

Goal / development area

Target date

Support needed

## 7. Signatures

EMPLOYEE SIGNATURE & DATE

MANAGER SIGNATURE & DATE

Both parties should sign and date this form. File a copy in the employee's personnel record and share a copy with the employee.