Job Performance Appraisal Form
courtesy Neil B. Gailmard, O.D.

Employee__________________________ Date_____________________
Job title___________________________ Reviewer___________________
Managers With Input__________________________________________

1. Attendance Excellent Very good Good Fair Unacceptable
Include tardiness, lunches, use of sick days
Comments_________________________________________

2. Technical skills Excellent Very good Good Fair Unacceptable
Differentiate clinical, optical, lab, computer
Comments_________________________________________

3. Quality of Work Excellent Very good Good Fair Unacceptable
Comments_________________________________________

4. Interpersonal (patients) Excellent Very good Good Fair Unacceptable
Friendly, caring attitude, handles difficult situations, polite
Comments_________________________________________
5. Interpersonal (co-workers) Excellent Very good Good Fair Unacceptable

Assists others, places team goals first, congenial

Comments_________________________________________

6. Organizational Effort Excellent Very good Good Fair Unacceptable

Contributes ideas, attends meetings

Comments_________________________________________

7. Initiative Excellent Very good Good Fair Unacceptable

Self starter, motivated, anticipates and warns of problems

Comments_________________________________________

8. Secondary Assignment Excellent Very good Good Fair Unacceptable

Conducts without supervision

Comments_________________________________________

9. Communication Excellent Very good Good Fair Unacceptable

Record keeping, messages, grammar, telephone

Comments_________________________________________

Total Score__________ Average Score_______________ (Excellent = 4, Unacceptable = 0)