

Job Performance Appraisal Form

courtesy Neil B. Gailmard, O.D.

Employee _____ Date _____

Job title _____ Reviewer _____

Mangers 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)