

One-on-One Performance Check In

1. What has been going well since our last performance check-in?

2. What has been challenging for you?

3. Anything you would do differently next time?

4. Do you feel like you have the tools and support you need to do your job effectively?

5. What would make the next month even more successful for you at work?



Formal Performance Review

Employee name: _____

Department: _____

Position: _____

Manager name: _____

Review period: _____

Date of review: _____

General Evaluation

Rating Scale:

3 – Exceeds expectations

2 – Meets expectations

1 – Needs improvement

Job Performance	Employee Rating	Manager Rating
Employee consistently produces high-quality work		
Employee takes initiative, efficiently completes tasks, and meets deadlines		
Employee willingly takes on additional responsibilities and seeks opportunities for improvement		

Additional Comments:



Rating Scale:

3 – Exceeds expectations

2 – Meets expectations

1 – Needs improvement

Communication & Teamwork	Employee Rating	Manager Rating
Employee is attentive and receptive when listening to colleagues and superiors		
Employee conveys ideas and information clearly and effectively		
Employee works well with others and makes positive contributions to team efforts		

Additional Comments:

Rating Scale:

3 – Exceeds expectations

2 – Meets expectations

1 – Needs improvement

Problem-Solving	Employee Rating	Manager Rating
Employee approaches problems logically and thinks critically		
Employee comes up with innovative and original solutions to challenges		
Employee makes sound judgments based on available information		

Additional Comments:



Rating Scale:

3 – Exceeds expectations

2 – Meets expectations

1 – Needs improvement

Adaptability	Employee Rating	Manager Rating
Employee adjusts to changes in work demands and adapts to new circumstances		
Employee bounces back from setbacks and maintains a positive attitude		
Employee accepts constructive criticism and can make improvements as needed		

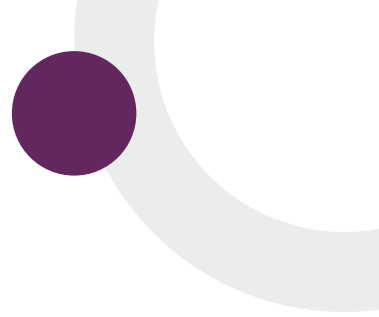
Additional Comments:

Employee Self-Assessment

Answer the questions below before your scheduled meeting with your manager.

What did you like best about your performance last quarter?

What do you enjoy most about your role?



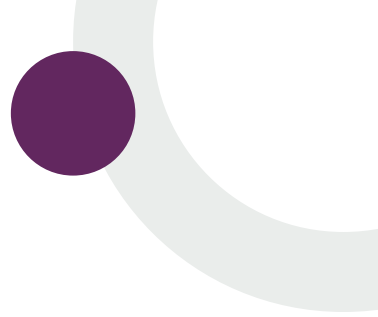
What did you think was the most challenging part of your performance last quarter?

What additional support or resources might you need to address those challenges going forward?

Additional feedback:

Manager Observations

What are the employee's top strengths?



What opportunities for improvement would enhance this employee's performance?

Additional feedback:

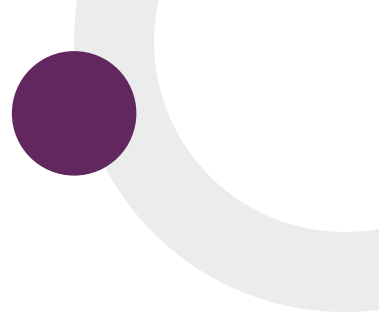
Goal Alignment

List your goals from the previous month/quarter/time period.

1.

2.

3.



Were you able to accomplish your goals?

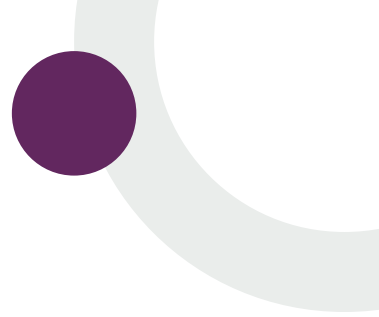
- If yes, what was helpful in accomplishing them?
- If not, what made it challenging to meet them?

If goals were not yet established with your manager, what were your top 2-3 achievements in the last month/quarter/time period?

What are your top 2-3 goals for the next month/quarter? Make them S.M.A.R.T: Specific, Measurable, Achievable, Relevant, Time-bound. Example: *Ensure that 90%+ of the customer service team has completed the new product and service training by the end of the quarter.*

- How do you plan to track or measure your progress on these goals?
- What actions can you take to achieve these goals?

1.



2.

3.

How can your manager/team help you achieve these goals?

Employee signature: _____ Date: _____

Manager signature: _____ Date: _____