



## KFDA Employee Performance Evaluation

Employee Name:

Employee Position:

Date of Hire:

Date of Last Evaluation:

Evaluator / Committee Chair Name:

90 Day Evaluation

Annual Evaluation

EVALUATE THE EMPLOYEE'S PERFORMANCE IN THE FOLLOWING AREAS USING THESE RATINGS:

O: **Outstanding** - Consistent exceptional performance in all areas, accomplishments exceed position requirements

AA: **Above Average** - Results exceed most position requirements, high quality performance.

A: **Average** - Competent and dependable level of performance that meets basic requirements of the position

NI: **Needs Improvement** - Performance does not consistently meet position requirements

U: **Unsatisfactory** - Performance is in need of immediate improvement

NA: **Not Applicable**

1. Problem Solving/Decision Making	O	AA	A	NI	U	NA
Shows good judgement						
Willing/able to make timely, fact based decisions						
Ability to work under pressure						
Ability to remain calm in crisis situation						
Asks appropriate questions						
Organized approach to assignments						

Comments:

2. Productivity	O	AA	A	NI	U	NA
Quantity of work						
Quality of work						
Ability to follow and reach goals						
Completion of projects and reports						
Timeliness of completion of projects and reports						
Effective use of time						
Ability to focus on tasks at hand						
Ability to concentrate on position						

Comments:

3. Initiative	O	AA	A	NI	U	NA
Willing to try new ideas						
Responsive to change						
Innovative						
Utilizes internal and external resources effectively						
Willing to accept responsibility						

Comments:

4. Job Knowledge	O	AA	A	NI	U	NA
Level of knowledge in current position						
Keeps up with current and future trends and programs						
Continues education-informal and formal						
Has working knowledge of internal office happenings						
Understands equipment required to perform job						

Comments:

5. Planning	O	AA	A	NI	U	NA
Anticipates upcoming events/potential problems						
Has contingency plans						
Understands and sets realistic goals						
Properly prioritizes goals						

Comments:

6. Attitude	O	AA	A	NI	U	NA
Enthusiasm						
Cooperation/Teamwork						
Able to self motivate with little or no supervision						
Towards job						
Towards public						
Towards co-workers						
Towards committees						

Comments:

7. Communication	O	AA	A	NI	U	NA
Written						
Verbal						
Phone						
Ability to listen						
Media						
Ability to cooperate/communicate with co-workers						
Body Language						

Comments:

8. Volunteers/Committees	O	AA	A	NI	U	NA
Ability to recruit						
Ability to coordinate						
Ability to motivate						
Ability to show recognition						

Comments:

9. Behavior Patterns	O	AA	A	NI	U	NA
Professional Appearance						
Neat and orderly work area						
Respectful of others, objective and non-judgmental						
Absenteeism/Tardiness						
Follows wishes/decisions of board						
Adherence to policy						
Trustworthy and dependable						

Comments:

**REVIEWWRAP-UP DISCUSSION QUESTIONS**  
(To be completed based on review discussion with employee, or by employee)

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What could be done to improve the office environment?

What could be done to help you more effectively perform your job?

What is your strongest on the job asset?

What is one job related skill that you feel you need to improve upon?

What do you like the most about your job?

What do you like the least about your job?

What are your job related short term (within 12 months) goals?

What are your job related long term (within 3 years) goals?

Additional Comments:

Specific areas of needed improvement:

**EMPLOYEE COMMENTS**

Employee Comments:

*This evaluation was shared and reviewed with the employee on*

Employee Signature:

Employee Printed Name:

Evaluator/  
Committee Chair Signature:

Evaluator/  
Committee Chair Printed Name:

*Click this button when form is complete to print and save.*