|  |  |  |  |
| --- | --- | --- | --- |
|  | **PerformanceFeedback Form** | Review Year: |  |
| **Employee Name** | **Department** |
|       |       |
| **Stem** | **Evaluator** |
|       |       |
| **Quarterly Feedback Dates** |
| Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Performance Description** |
| **Exceptional** | Results are above and beyond expectations in a manner that is significant, extraordinary, and rare |
| **High Contributor** | Results are consistent with complete mastery of all key accountabilities; regularly exceeds most expectations |
| **Fully Successful** | Results meet expectations of all key accountabilities; a reliable and competent employee |
| **Needs Improvement** | Results demonstrate potential to become successful; some development and/or improvement is needed |
| **Unsatisfactory** | Results significantly miss achievement of the key accountabilities; immediate improvement is required |
| **Comments on Success Factors** |
| *Summary of Quarterly Meetings* |
|       |
| *What progress has been made?* |
|       |
| *Looking forward…* |
|       |
|  | **Success Factors Description:**  |  |
| **Comments on Key Accountabilities and Goals** |
| *Summary of Quarterly Meetings* |
|       |
| *What progress has been made?* |
|       |
| *Looking forward…* |
|       |
|  | **Key Accountabilities Description:** |  |
| **Employee Signature and Date** | **Evaluator Signature and Date** |
|       | Click or tap to enter a date. |       | Click or tap to enter a date. |