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|  | | | **Performance Feedback 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…* | | | | | | | | | | | | | | |
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|  | | | | | | | | | **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. | |