JOB PERFORMANCE REVIEW FORM

1. *Are there responsibilities or assignments that you are currently performing which you are called upon to do which you feel are not contained in your job description? What percentage of time are these functions taking? Should they go into your job description or should they not be part of your job?*

2. *What other skills or interests do you have that you would like to develop and utilize in your work?*

3. *What skills and abilities have you learned on the job or have been strengthened by your job here?*

4. *Does your workload vary? If so, what do you think can be done to more evenly distribute that workload?*

5. *What goals do you have in the coming period? How do you expect to meet those objectives?*

6. *Are you able to take on additional responsibilities at this time or in the immediate future? What assignments would you like to undertake?*

7. *How well do you think the clinic has been functioning and in what areas do you see that improvements can be made?*

8. *Rate your work in the following categories. Where and how can improvements be made?*

Quality of work
Effectiveness of output
Dependability
Comprehension of assignments
Ability to determine priorities
Initiative
Flexibility
Work relationships with others
Attendance

JOB EVALUATION REVIEW
FORM FOR REVIEWER

1. *Principal accomplishments and/or strengths in performance based upon current job description.*

2. *Areas of job performance which need improvement.*

TO BE FILLED OUT DURING INTERVIEW BY REVIEWER AND EMPLOYEE

(Specific actions planned to enable employee to perform present job better.)

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