

Employee Performance Review

Peer Review



EMPLOYEE INFORMATION

Name Of Employee Being Reviewed:

Your Name

Date:

Review Period:

to

REVIEW GUIDELINES

Complete this peer review, using the following scale:

NA = *Not Applicable*

1 = *Unsatisfactory*

2 = *Marginal*

3 = *Meets Requirements*

4 = *Exceeds Requirements*

5 = *Exceptional*

EVALUATION

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Demonstrates Required Job Skills And Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has The Ability To Learn And Use New Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses Resources Available In An Effective Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds Effectively To Assigned Responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Attendance Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens To Direction From Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes Responsibility For Actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honors Commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates Problem Solving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offers Constructive Suggestions For Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generates Creative Ideas And Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Challenges Head On	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates Innovative Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

STUDENT VOICE | INNOVATE | MOBILIZE | EMPOWER | CONNECT



Employee Performance Review Peer Review



EMPLOYEE SELF EVALUATION

EMPLOYEE NAME: _____ DATE: _____

EVALUATOR: _____

1. What were your principal accomplishments in your areas of responsibility since your last evaluation?

2. Within the areas of your responsibility, what are things you could improve or build upon?

3. Having reviewed your position description, do your areas of responsibility fit your position description? If certain areas do not, what adjustments do you feel should be made?

4. What aspects of the JMG operations are you most satisfied with?

STUDENT VOICE | INNOVATE | MOBILIZE | EMPOWER | CONNECT

Employee Performance Review

Peer Review



5. What aspects of the JMG operations are you least satisfied with?

6. How do you feel about your career development with JMG?

7. Where do you see yourself two years from now?

8. How well do you feel your supervisor/coordinator led the committee(s) you were on. Please be very specific for each person.

1. Coordinator--Name: _____

2. Coordinator--Name: _____

STUDENT VOICE | INNOVATE | MOBILIZE | EMPOWER | CONNECT

Employee Performance Review Peer Review



3. Coordinator--Name: _____

4. Coordinator--Name: _____

STUDENT VOICE | INNOVATE | MOBILIZE | EMPOWER | CONNECT

