

# Form to Use to Review Employee

From the AAPPm Resource Center



**American Academy of Podiatric Practice Management**

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Employee Name _____ Review # _____ Date _____	Excellent	Satisfactory	Needs Improvement	Unacceptable
Personal appearance				
Conducts self in professional manner with patients				
Performs well under pressure				
Communicates openly				
Accepts and follows established rules and procedures				
Holds confidentiality in high regard, both patient and personal				
"Catches on" quickly				
Demonstrates responsibility for good attendance and punctuality				
Performs with minimal supervision				
Completes work in a timely manner				
Makes efficient use of time				
Pays attention to detail				
Responds to directions promptly				
Does share of workload				
Takes initiative to learn and do more				
Organizes work in efficient and practical manner				
Knows how to correct a problem				
Has an interest in job and patients				
Work is neat and legible				
Cooperates and works well with patients				
Puts original and constructive thinking into practice				
Sees things to be done and proceeds to do them without being told				
Respects other person's opinion, even if in disagreement				
Accepts changes in routine and procedures willingly				

Specific strengths noted:

Specific changes needed:

What goals are set in place to make these changes?

Rewards/incentives if completed:

Consequences if not completed:

I have discussed this review with the employee

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand this employee review and received a copy of it

Employee \_\_\_\_\_ Date \_\_\_\_\_

Next review scheduled for \_\_\_\_\_