



ARIZONA FAMILY FLORIST PERFORMANCE EVALUATION FORM

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|-------------------------|--|--------------------------|--|
| EMPLOYEE NAME: | | POSITION/DEPT: | |
| REVIEWER'S NAME: | | HIRE DATE: | |
| REVIEW PERIOD: | | TIME IN POSITION: | |

The performance evaluation form is to provide employees with feedback pertaining to their performance for the current review period and to set goals for the upcoming review period. Managers and employees will have the opportunity to discuss job tasks, identify developmental areas, encourage and recognize strengths, and develop an action plan for meeting future goals.

In order for the performance evaluation form to be effective and interactive, each employee will complete a “self evaluation form” prior to meeting with the reviewer. This type of open and honest dialogue encourages positive relationships and ensures that we are striving for constant incremental improvement. In order to provide a clear measurement of performance, the rating system is listed below:

Rating Scale: Below Is The Five-Point Rating Scale To Be Used In All Sections Of The Review Form.

- | | |
|------------------------------|--|
| 5 = OUTSTANDING | Performance Consistently Exceeds Expectations. |
| 4 = COMMENDABLE | Performance Consistently Meets and Frequently Exceeds Expectations. |
| 3 = SATISFACTORY | Performance Consistently Meets Expectations. |
| 2 = NEEDS IMPROVEMENT | Performance Sometimes Does Not Meet Expectations; needs Some Improvement. |
| 1 = UNACCEPTABLE | Performance Consistently Failed To Meet Expectations; needs Much Improvement. |

SECTION I

Individual Performance Goals (30% Of Overall Performance Evaluation)

List up to five Goals that were discussed at the previous performance evaluation for the employee to achieve during the current review period. Determine a Performance Rating for each Goal using the scale above and insert in the Rating column. Then, determine an Overall Rating for this section.

| | LIST OF GOALS: No previous goals set | RATING |
|---|--------------------------------------|--------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

OVERALL RATING FOR GOALS:

Divide total by the number of goals

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SECTION II

Individual Performance (70% Of Overall Performance Evaluation)

Determine the Performance Rating for each of the following Performance Categories and circle the appropriate number using the scale above. Include comments for each category in regard to the rating number. Then, determine an Overall Rating for this section.

PERFORMANCE CATEGORIES

PERFORMANCE RATING

JOB KNOWLEDGE: Competency in required job skills and knowledge; ability to learn and apply new skills. Generates new ideas; goes beyond the status quo.

COMMENTS:

RATING: 1 2 3 4 5

COMMUNICATION: Communication of ideas verbally and in writing; demonstration of listening skills; selection and use of appropriate communication methods. Makes positive and constructive suggestions.

COMMENTS:

RATING: 1 2 3 4 5

DEPENDABILITY: Response to requests for service and assistance; response to management direction; respects confidentiality.

COMMENTS:

RATING: 1 2 3 4 5

PRODUCTIVITY/INITIATIVE: Strives for results and success; goes above and beyond.

COMMENTS:

RATING: 1 2 3 4 5

TEAMWORK/INTERPERSONAL SKILLS: Balance of team and individual responsibilities; effectiveness as a team member; objectivity and openness.

COMMENTS:

RATING: 1 2 3 4 5

FLEXIBILITY/ADAPTABILITY: Ability to adapt to changes in the work environment; acceptance of constructive criticism and feedback.

COMMENTS:

RATING: 1 2 3 4 5

ATTENDANCE/PUNCTUALITY: Being on time; following schedules; calling out.

COMMENTS:

RATING: 1 2 3 4 5

OVERALL RATING FOR PERFORMANCE CATEGORIES

Divide total by 7 (number of categories)

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REVIEW PERIOD EVALUATION PERFORMANCE RATING:

SECTION I: Individual Performance Goals (30%)

_____ x .30 = _____

SECTION II Individual Performance (70%)

_____ x .70 = _____

REVIEW PERIOD EVALUATION PERFORMANCE RATING (TOTAL I and II):

INDIVIDUAL PERFORMANCE GOALS FOR NEXT REVIEW PERIOD:

LIST OF GOALS:

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I Have Read and Discussed this Review with the Owner:

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|------------------------------|--|--------------|--|
| EMPLOYEE'S SIGNATURE: | | DATE: | |
|------------------------------|--|--------------|--|

I Have Discussed this Review with the Employee:

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|-----------------------------|--|--------------|--|
| MANAGER'S SIGNATURE: | | DATE: | |
|-----------------------------|--|--------------|--|

Sample Staff Evaluation Form Courtesy of Dr Delphinium Designs & Events

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|---|-----------------|---|
| | Employee Name: | |
| | Position | |
| | Department | |
| | Review Date: | |
| | Reviewer(s): | |
| Rating System: | | |
| 1- Employee Must Improve Performance Immediately | 4- Exceeds most | |
| 2- Partially Meets Standards/Requirements | 5- Exceeds all | |
| 3- Performs Requirements in a Satisfactory Manner | | |
| | | |
| | Rating | Comments - Optional (required for scores under 3) |
| Initiative: the degree in which the employee is a self starter; seeks better and new methods to do job; contributes new ideas to organization. | | |
| Teamwork/Co-worker Relations: demonstrates appropriate interpersonal skills; establishes and maintains productive/respectful working relationships; exhibits a team focused mindset. | | |
| Quality of Work: demonstrates commitment to deliver high quality: attention to detail; continuously seeks process improvements; committed to personal excellence | | |
| Customer Service: consistently receives positive feedback from customer; conveys a customer focused attitude with external customers, as well as with other departments (internal customers) within the company | | |
| Problem Solving Skills: able to recognize when problems may be developing and acts proactively to resolve them | | |
| Dependability/Attendance: demonstrates punctuality; attendance record is within company guidelines; committed to excellence on the job. | | |
| Professional Growth & Development: Since the last review, has the employee demonstrated growth in their abilities and skills for the job? Is interested in continuing to develop new skills and to grow as a professional? If so, please explain further. | | |
| | 0.0 | |
| Goals | | |
| <i>If applicable, list all goals/projects/accomplishments within this evaluation year.</i> | | |
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Work with the employee to identify 3-5 future goals, along with an action plan for accomplishing each one.

| Current Goals/How | Measure of Success |
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Feedback from others: Praises or Improvements

Managers/Supervisors/Peers who also work closely with the individual on projects, assignments, or other work related tasks. Anonymity may be requested.

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| Current Salary: \$ | | New Salary: |
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| Employee Comments: | | |
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| Employee Signature: | | Date: |
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|---------------------|--|------|
| Reviewer Signature: | | Date |
|---------------------|--|------|