|  |  |
| --- | --- |
| Employee Name: | Manager Name: |
| Position: | Review Period: |

**Questions Notes and Follow-up Actions**

|  |  |  |
| --- | --- | --- |
| 1 | What goals and objectives have been accomplished this quarter? |  |
| 2 | How would you rate you overall performance for the past quarter? |  |
| 3 | What challenges have arisen that have impacted your ability to achieve your goals? |  |
| 4 | What goals or projects still need to be accomplished? |  |
| 5 | Which goals are no longer relevant or high priority? | Follow-up: Should they be revised or removed? |
| 6 | What new priorities or projects have surfaced that should be included as new goals? |  |
| 7 | What resources and support are needed to accomplish the goals that remain for the rest of the year? |  |
| 8 | What obstacles or challenges might hamper your performance going forward? | Follow-up: Is there anything I can do to assist you? |
| 9 | What new knowledge or skills will help you achieve your performance goals? |  |

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_