

Review Questionnaire

EMPLOYEE NAME

DATE

Please list one thing you would like to start, stop, and continue doing in the next **6** months.

START

STOP

CONTINUE



EMPLOYEE SIGNATURE

REVIEWER SIGNATURE

Review Evaluation

EMPLOYEE NAME

DATE

In the last **6** months, to what extent did I achieve the following goals?

EXCEEDED EXPECTATIONS	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS	EXCEEDED EXPECTATIONS	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS	EXCEEDED EXPECTATIONS	MET EXPECTATIONS	DID NOT MEET EXPECTATIONS



REVIEWER NAME

REVIEWER SIGNATURE