

TEAM MEMBER PERFORMANCE EVALUATION

TEAM MEMBER NAME:		EVALUATION PERIOD:					
COMPANY:			DAT	Œ:			
		1		2	3	4	5
How satisfied are you with the speed of task completion by the Team Member?		0		0	0	0	0
How satisfied are you with the quality of tasks performed by the Team Member?		0		0	0	0	0
How satisfied are you with the ease at which this Team Member does their job?		0		0	0	0	0
How satisfied are you with the overall performance of your Team Member?		0		0	0	0	0
Has your Team Member taken on additional responsibilities and/or increased workload in the past quarter?		0		0	0	0	0
Attendance	% of Completi	on		Order Volume		Error Rate	
95% or higher	Daily tasks and responsibilities		Orders Processed / Total Volume			If tracking, 1 – 2% or lower	

Highlights:	
Strongtho	
Strengths:	
Areas for Improvements:	
Goals:	
Guais.	