Annual Performance Appraisal

Employee Name:

Date of Review:

Evaluator:

Job Performance Activities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Criteria | Comment | MeetsExpectations | NeedsImprovement | ExceedsExpectations |
| NP/PA Education |  |  |  |  |
| Institutional Involvement |  |  |  |  |
| CME |  |  |  |  |
| Patient Management |  |  |  |  |
| Documentation |  |  |  |  |
| Patient Complaints |  |  |  |  |
| Clinical Excellence |  |  |  |  |
| Relationships With others |  |  |  |  |
| Communication Skills |  |  |  |  |

Additional Comments:

|  |  |
| --- | --- |
|  | Employee does their job well by consistently performing the responsibilities of their job and following departmental and organizational policies and procedures. |
|  | Employee is a model for others by regularly making extraordinary efforts in a positive way that significantly affects operations of the department or organization. |
|  | Employee needs improvement in one or more key responsibilities stated above or needs improvement in other key areas. A separate, time based performance improvement plan will be documented with a follow-up performance assessment. |

Employee comments:

Prepared by:

Reviewed and Discussed:

Date:

Employee Signature: