

Employee name:

Department:

Position:

Reviewer name and title:

Review period:

Date of review:

What were the highlights of your previous quarter?

What were your goals from the past quarter?

Did you achieve those goals?

If yes, what led to your success?

If not, what have you learned in the process?

What are your goals/plans for the upcoming quarter?

What are potential obstacles that might interfere with your goal?

What do you need in order to eliminate or reduce those obstacles?

How will you track or measure your progress on these goals?

What resources will you need from others to achieve these goals?

Who do you need to inform or consult with?

Employee signature:

Reviewer signature:

Date:

Date:
