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| **Employee Evaluation Form** | | |
| Temp Employee Name:  Host Dental Practice:  Date: | | |
| CORE VALUES AND OBJECTIVES | | |
| **Performance Category** | **Rating** | **Comments and Examples** |
| **Attendance and Punctuality:**  *Reports to work on time, provides advance notice of need for absence* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Reliability/Dependability:**  *Consistently performs at a high level, manages time and workload effectively* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Skills and Knowledge:**  *Has the ability to perform the necessary skills required for the job at hand* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Quality of Work:**  *Work is completed accurately (few or no errors), efficiently and within deadlines with minimal supervision* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Communication Skills:**  *Written and Oral communications are clear, organised and effective; listens and comprehends well* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Judgement and Decision-Making:**  *Makes thoughtful, well-reasoned decisions; exercises good judgement, resourcefulness and creativity in problem-solving* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Initiative and Flexibility:**  *Demonstrates initiative, often seeking out additional responsibility; identifies problems and solutions; thrives on new challenges and adjust to unexpected changes* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Cooperation and Teamwork:**  *Respectful of colleagues when working with others and makes valuable contributions to help the team achieve its goals. Takes responsibility for own actions.* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |
| **Infection Control:**  *Abide by the current ADA infection control guidelines* | * Exceeds expectations * Meets expectations * Needs improvement * Unacceptable |  |