Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Growth Evaluation Form**

**Areas of Concern:**

**Management Recommendations:**

**Employee Comments:**

**Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Scale 1 to 10**

 Attendance

 Tardiness

 Attitude

 Initiative

 Positive Influence

 Dress & Appearance

 Ability to Relate to Customers

 Ability to Relate to Other Employees

 Cooperation & Management

 Understanding the Sales Process

 Willingness to Listen

 Willingness to Learn

 Completing Tasks On Time

 Completing Tasks Accurately

**Total**

 **Average(Total/14=Average)**