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)**