**Quarterly Check-In | Performance Development**

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| --- | --- |
| **Employee Name** | **Employee ID** |
| **Department** | **Assessment Period Q1 Q3**  **Q2 Q4** |
| **Reviewer Name** | **Reviewer Title** |

**Performance Benchmarking**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 5 – Exceeds Expectations | 4 – Meets Expectations | | 3 – Requires  Coaching | | 2 – Requires  Retraining | 1 – Below Acceptable Standards |
|  | | **Current Performance Level** | | **Comments** | | |
| Quality of Work | |  | |  | | |
| Communicates Effectively | |  | |  | | |
| Patient Relations | |  | |  | | |
| Prioritizes Teamwork | |  | |  | | |
| Aligned with Practice Philosophy | |  | |  | | |
| Honesty & Integrity | |  | |  | | |
| Takes Initiative | |  | |  | | |
| Job Knowledge & Skills | |  | |  | | |
| Fulfills Job Description | |  | |  | | |
| Decision-Making Ability | |  | |  | | |
| Employee Discipline | |  | |  | | |
| Punctuality & Attendance | |  | |  | | |
| Overall Performance | |  | |  | | |

**Quarterly Goals**

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| --- | --- | --- | --- | --- |
| **Employee-Set**  **Goals** | **Goals for Prior Quarter** | **Met? Y/N (Comments)** | **Goals for Current Quarter** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| **Supervisor-Set**  **Goals** | **Goals for Prior Quarter** | **Met? Y/N (Comments)** | **Goals for Current Quarter** |
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**Quarterly Check-In Worksheet**

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| --- | --- |
| **Name** | **Scheduled Check-In Date** |
| **Department** | **Assessment Period Q1 Q3**  **Q2 Q4** |

*Your Quarterly Check-In is coming up! We want this to be a productive meeting focused on your accomplishments and goals while providing constructive feedback and encouragement. To facilitate this check-in, we have provided this worksheet to help you organize and identify topics for discussion. Please complete to the best of your ability.*

**All About You**

1. What were your Top 3 Achievements during the past 90 days?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name two areas you feel you need to improve in terms of professional capabilities:
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What steps do you plan to take to develop your skills and improve in these areas?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your professional development activities the past 90 days (webinars, on-the-job training, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you feel as if your strengths are effectively utilized? **Y N** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What barriers prevent you from doing the best job possible? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Quarterly Goals**

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| --- | --- | --- | --- |
| **List your professional goals for the next 90 days:** | **How do you plan to meet these goals?** | **What barriers would prevent your success?** | **What tools/support do you need to achieve these goals?** |
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**Practice Leadership Feedback**

1. Do you feel supported by the Practice leaders? **Y N** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your favorite thing about working here? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What is your least favorite? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If you could change anything about the practice, what would it be? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_