



Quarterly Check-In | Performance Development

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

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

Quarterly Check-In Worksheet

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

- What were your Top 3 Achievements during the past 90 days?
 - _____
 - _____
 - _____
- Name two areas you feel you need to improve in terms of professional capabilities:
 - _____
 - _____

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

- Describe your professional development activities the past 90 days (webinars, on-the-job training, etc.)

- Do you feel as if your strengths are effectively utilized? **Y** **N** Other: _____
- What barriers prevent you from doing the best job possible? _____

Your Quarterly Goals

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?

Practice Leadership Feedback

- Do you feel supported by the Practice leaders? **Y** **N** Other: _____
- What is your favorite thing about working here? _____
- What is your least favorite? _____
- If you could change anything about the practice, what would it be? _____
