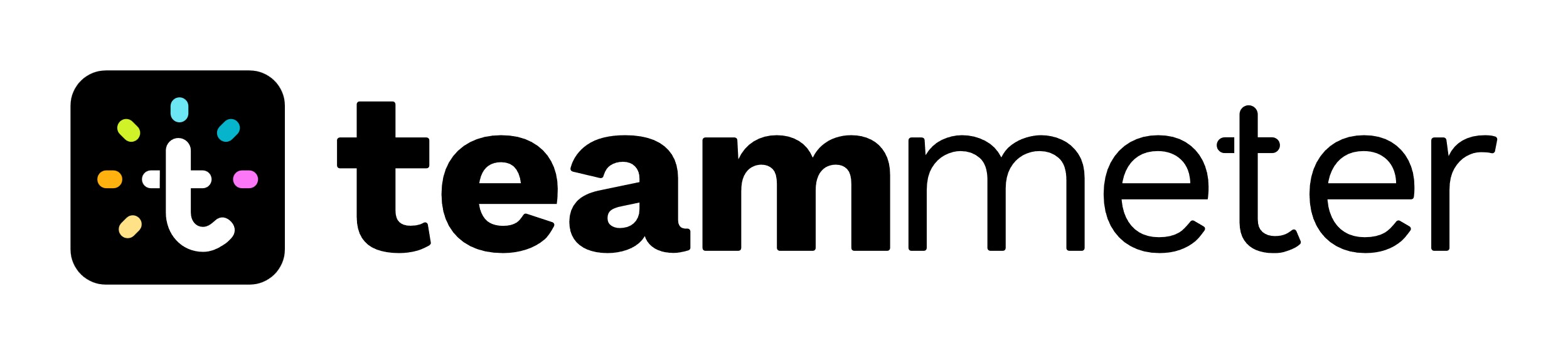
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**Performance Review**

|  |  |
| --- | --- |
| **Evaluation Period** |  |
| **Meeting Date** |  |
| **Employee** |  |
| **Role** |  |
| **In the position since** |  |

Was there significante vents during the evaluation period : □ yes □ no

If yes, please precise :

|  |  |
| --- | --- |
| □ Change of fonction | □ Change of manager |
| □ Change of team or department | □ Absence (from to ) |
| □ Other : |  |

**1/ Open Questions**

*Filled by the Employee and completed with the Reviewer*

* **How do you feel in your current role?**

*What aspects of your role do you enjoy the most, and what challenges are you facing? How satisfied are you with your current responsibilities and workload? How would you describe your level of motivation for this role?*

|  |
| --- |
|  |

* **What have been your achievements?**

*What have been your key successes? Which strengths have you demonstrated?*

|  |
| --- |
|  |

* **Do you fill supported in your current position?**

*Do you fill supported by your team, your manager? Is there anything we can provide to help you perform better?*

|  |
| --- |
|  |

**1/ Skill Evaluation**

*Self-assessment from the Employee which is discussed with the reviewer.*

|  |  |  |
| --- | --- | --- |
| 1 | Fundamental Awareness | You have common knowledge or an understanding of basic techniques and concepts. |
| 2 | Novice | You have the level of experience gained in a classroom and/or experimental scenarios or as a trainee on-the-job. You are expected to need help when performing this skill. |
| 3 | Intermediate | You can successfully complete tasks in this competency as requested. Help from an expert may be required from time to time, but you can usually perform the skill independently. |
| 4 | Advanced | You can perform the actions associated with this skill without assistance. |
| 5 | Expert | You are known as an expert in this area. You can provide guidance, troubleshoot and answer questions related to this area of expertise and the field where the skill is used. |

|  |  |  |  |
| --- | --- | --- | --- |
| Skill | Self-Assessment | Comments | Evaluation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**3 / Development plan**

*Review the completed actions in the development plan:*

|  |  |  |  |
| --- | --- | --- | --- |
| Skill | Training name | Date | Was the action / training effective? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Next actions wished by the Employee or suggested by the Reviewer:*

|  |  |  |  |
| --- | --- | --- | --- |
| Skill | Training name | Date |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**2/ Objectives**

*Review the objectives of the last period:*

|  |  |  |
| --- | --- | --- |
| Objective | Achieved result | Comments |
|  |  |  |
|  |  |  |
|  |  |  |

*Next objectives :*

|  |  |  |
| --- | --- | --- |
| Objective | Expected result | Comments |
|  |  |  |
|  |  |  |
|  |  |  |

**4/ Career development**

|  |  |
| --- | --- |
|  | Desired Career Path |
| Short-Term (1 year) |  |
| Mid-Term (3 years) |  |
| Long-Term (5 years) |  |

**General comment from the Employee**

Date and Signature

**General comment from the Reviewer**

Date and Signature

**General comment from Human Resources**

Date and Signature

*One copy of this document, dated and signed, must be given to the employee.*

*One copy must be kept by the department manager*

*One copy must be kept in the employee's administrative file*