

**Brigham and Women's Hospital**  
**THREE MONTH PERFORMANCE EVALUATION**

Name \_\_\_\_\_ Emp # \_\_\_\_\_ Date of Hire \_\_\_\_\_

Job Title \_\_\_\_\_ Dept \_\_\_\_\_

Appraiser's Name \_\_\_\_\_ Title \_\_\_\_\_ Ext. \_\_\_\_\_

CHECK THE MOST APPROPRIATE BOX	EXCEPTIONALLY EFFECTIVE	HIGHLY EFFECTIVE	EFFECTIVE	DEVELOPING	NOT EFFECTIVE
<b>QUALITY OF WORK:</b> Is the work thorough, and accurate for length of time in the role?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>QUANTITY OF WORK:</b> Has an acceptable amount of work been accomplished for length of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>TIMELINESS OF WORK:</b> Are assignments completed on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STANDARDS:</b> Are established guidelines followed on a routine basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SERVICE:</b> Demonstrates an understanding of the department's service standards and implements accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COOPERATION:</b> Works appropriately with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SAFETY:</b> Follows safe practices in work and is compliant with the National Patient safety Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee has completed all required training for current position (i.e. Infection control, NEO): _____ YES _____ NO DATES _____					

Specify areas where performance has been exceptionally effective: \_\_\_\_\_

Specify areas where performance needs improvement: \_\_\_\_\_

Number of days absent: \_\_\_\_\_ Number of late arrivals: \_\_\_\_\_ Recommend for continuing employment? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are terminating this employee, please explain (Use back of this sheet, if necessary and attach termination notice) \_\_\_\_\_

Employee's Comments (Use Back of this sheet if necessary)

\_\_\_\_\_  
Evaluating Supervisor/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date