

## Review Template for Kennel Assistant

*Instructions:* For multirater reviews, have all reviewers complete Section 1. The manager will collect all review forms and then complete Section 2. For a single-rater review, the reviewer completes the entire form.

Team Member Name \_\_\_\_\_

Evaluation Period \_\_\_\_\_ Due Date \_\_\_\_\_

### SECTION 1

<b>Client Relations</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Clients respond positively to team member		

<b>Knowledge Base</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Recognizes basic medical problems		
Knows practice policies and procedures		
Has desire to learn		

<b>Teamwork</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Has a good attitude		
Cooperates		
Does not avoid any aspect of job		
Supports other team members		

<b>Personal Skills</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Communicates effectively		
Is efficient, productive, and accurate		
Is punctual and dependable		
Maintains composure		
Is responsive to feedback		
Takes initiative		
Exercises good judgment		
Can multitask		
Maintains a professional, presentable appearance		
Follows instructions		

<b>Animal Handling</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Has good animal handling and restraint skills		
Manages aggressive animals effectively		
Administers medications properly		

<b>Office Management</b>	<b>MEETS EXPECTATIONS</b>	<b>DOES NOT MEET EXPECTATIONS</b>
Maintains a clean working environment		
Maintains records		

### Name Three Goals to Work Toward

<b>NAME OF GOAL</b>	<b>PERFORMANCE/METRIC</b>

#### Comments

- Offer positive and negative examples of performance.
- Offer examples of character and teamwork.
- How is this team member a role model for others?
- What areas of development do you recommend?

## SECTION 2

### Goals for Last Period

<b>NAME OF GOAL</b>	<b>RELATED ACCOMPLISHMENTS</b>	<b>GOAL COMPLETED? (YES/NO)</b>


### Summary

Attendance satisfactory? YES NO

Overall evaluation of team member's performance based on all responses:

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Team member's strengths:

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Areas that need to be addressed or improved for team member to continue in current position:

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### Development Goals

NAME OF GOAL	ACTION ITEMS	PERFORMANCE/ METRIC	ACCOMPLISH BY DATE


Next Review Date \_\_\_\_\_

Signature of team member indicates receipt of appraisal. It does not necessarily indicate agreement.

\_\_\_\_\_  
Team Member Signature      Date

\_\_\_\_\_  
Supervisor Signature      Date