

Review Template for Receptionist

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

Client Relations	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Has good phone manner and skills		
Deals with clients quickly and efficiently		
Clients respond positively to team member		
Able to capture appointments		
Effectively educates clients		

Knowledge Base	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Knows products sold and dispensed		
Demonstrates general knowledge of pets, pet care, and veterinary medicine		
Knows practice policies and procedures		
Is proficient in computer skills		
Has desire to learn		
Understands and follows safety procedures		

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

Personal Skills	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
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		

Office Management	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Maintains a clean working environment		
Handles money and accounts properly		
Maintains medical records		
Effectively manages schedules		

Name Three Goals to Work Toward

NAME OF GOAL	PERFORMANCE/METRIC

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

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

Summary

Attendance satisfactory? YES NO

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

Team member's strengths:

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

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