

Review Template for Veterinary 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

Client Relations	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Clients respond positively to team member		
Deals with clients quickly and efficiently		
Effectively educates clients		

Knowledge Base	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Understands basic medical problems		
Knows practice policies and procedures		
Knows examination, laboratory, radiographic, and surgical procedures		
Is proficient in computer skills		
Has desire to learn		

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		

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

Laboratory Skills	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Accurately completes laboratory tests		
Takes diagnostic radiographs		
Safely collects samples for analysis		

Surgical Skills	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Is an effective surgical assistant		
Properly sets up the surgical suite		
Maintains and sterilizes surgical equipment		

Office Management	MEETS EXPECTATIONS	DOES NOT MEET EXPECTATIONS
Maintains a clean working environment		
Keeps exam, treatment, and surgical rooms stocked		
Maintains records		

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