

## Team Member Performance Evaluation Input Form

Name: \_\_\_\_\_

Rating Period: \_\_\_\_\_

Competency: \_\_\_\_\_

Team Name: \_\_\_\_\_

Percentage of Time on Team: \_\_\_\_\_

Mark Appropriate box. Team member, only fill out top section. Team leader, fill out both sections.

	<u>NOT</u>	<u>MET</u>	<u>EXCEEDED</u>
<b><u>Team Member Element</u></b>			
Meets Team Task Deadlines with Quality Product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeps Team Informed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Committed to the Team and Team Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respects Programmatic Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Competency Expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Team Leader Element</u></b>			
Meets/Under Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delegates Tasks in a Logical, Clear, and Concise Manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encourages Innovation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses Team Effectively for Decision-Making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets Team Deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides Timely Annual Performance Inputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>Work Plan Element - Objectives</u></b>			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Recommended Rating on IPT Objectives** (Check Only One)

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Unsatisfactory           | <input type="checkbox"/> Marginal | <input type="checkbox"/> Fully Successful |
| <input type="checkbox"/> Exceeds Fully Successful |                                   | <input type="checkbox"/> Outstanding      |

**Specific Comments on Performance (Required... related to performance objectives)**

\_\_\_\_\_  
Employee Initial

\_\_\_\_\_  
Team Performance Evaluator Signature

\_\_\_\_\_  
Date