



PERFORMANCE APPRAISAL FORM

Name: _____

姓名: ()

Interview Date: ____ (yyyy) / ____ (mm) / ____ (dd)

Time: _____ Venue: TYHC

Comments From Associate: _____

Assessment: [Score 1 - 5] 1 - Lowest; 5 - Highest

- **Consistency**
 - General* 1 2 3 4 5
 - Technical* 1 2 3 4 5
- **Customer Service**
 - Internal Customer* 1 2 3 4 5
 - External* 1 2 3 4 5
- **Technical Skill**
 - Clinical* 1 2 3 4 5
 - Non-Clinical* 1 2 3 4 5
- **Teamwork** 1 2 3 4 5

Other Comments: _____

Recommendation(s): _____

Next Performance Appraisal: ____ (yyyy) / ____ (mm) / ____ (dd)

Signature of Appraiser

Name: _____