

PERFORMANCE EVALUATION

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|--|----------------------------------|
| Employee Name: _____ | Date of Evaluation: _____ |
| Evaluating Manager: _____ | Job Title: _____ |
| Reason for Review: ANNUAL REVIEW | Date of Hire: _____ |

LEADER INSTRUCTIONS: Rate the Employee’s performance relative to the time in position and review period by checking the most appropriate rating. Include comments and examples to support your rating. The form serves as a guide to help facilitate the discussion of performance, goals, and ongoing development. Evaluations are to be completed within the appropriate deadlines by HR. Once the review is conducted, provide a copy to the Employee, and send the original to HR@selectdentalmanagement.com.

Performance Rating Scale:

- 1- **Does Not Meet Expectations: (DN)** Not meeting requirements of the job, must improve substantially within a reasonable time and requires a performance improvement plan.
- 2- **Needs Development: (ND)** Generally meets most job requirements but struggles to meet all thoroughly. The need for further development and improvement is recognized.
- 3- **Meets Expectations: (ME)** Performance consistently and successfully meets all the position requirements, good overall solid performance.
- 4- **Exceeds Expectations: (EE)** Performance consistently exceeds job requirements, accomplishments are regularly above expected levels, quality of work is uniformly high.
- 5- **Exceptional Performance: (EP)** Reserved for sustained exceptional and remarkable performance, standing out consistently with contributions and achievements.

| Performance Criteria | 1 | 2 | 3 | 4 | 5 | Supportive details and comments |
|--|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| 1. Quality- work is accurate, thorough, and neat. Work is reliable, adheres to all workflows, policies, and procedures. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 2. Productivity- produces an acceptable volume of work efficiently, ability to organize and prioritize effectively. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 3. Attendance and Punctuality- The extent to which an employee adheres to established work schedules, timeliness, flexible as needed, and adheres to timekeeping procedures. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 4. Job Knowledge- The extent to which an employee possesses the practical/technical knowledge required on the job, proficient with core duties, and overall effectiveness at the job. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 5. Initiative- seeks out new assignments, ways to help, assumes additional duties, if necessary, proposes new ideas or solutions. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 6. Patient Experience/Customer Service - commitment and demonstration of high quality, professional, and WOW experience in interactions. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 7. Team Skills- The ability to work effectively with other direct/indirect team members, recognize and alleviate stress— adherence to team goals and procedures. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 8. Dependability and Responsibility – Reliability and accountability in the position, assignments and job expectations | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |

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|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 9. Judgement- The extent to which an employee demonstrates proper judgment and decision-making skills when necessary. | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 10. Professionalism - professionally represents the Company, including interactions and quality of work | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 11. Collaboration- The key to providing exceptional patient care | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 12. Positive Energy and Integrity- We are proud of the role we all play in improving the systemic health of our patients | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 13. Growth- We expect growth and evolution by our team members and practices each year | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 14. Communication- Frequent, open and honest | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| 15. Caring- We genuinely care about our patients, team members, and our communities | <input type="checkbox"/> DN | <input type="checkbox"/> ND | <input type="checkbox"/> ME | <input type="checkbox"/> EE | <input type="checkbox"/> EP | |
| STRENGTHS, CONTRIBUTIONS, AND GOAL ACHIEVEMENTS THIS PERIOD | | | | | | |
| AREAS OF DEVELOPMENT, GROWTH, OR FUTURE GOALS | | | | | | |
| OVERALL ANNUAL PERFORMANCE RATING | <input type="checkbox"/> DN 1 | <input type="checkbox"/> ND 2 | <input type="checkbox"/> ME 3 | <input type="checkbox"/> EE 4 | <input type="checkbox"/> EP 5 | MANAGER COMMENTS: |

EMPLOYEE'S COMMENTS: *LIST ANY ADDITIONAL COMMENTS YOU WOULD LIKE TO MAKE REGARDING YOUR OVERALL EVALUATION*

I am signing this evaluation to indicate that I have reviewed and discussed the above comments with my manager and have signed off on goals/objectives.
(Employee's signature does not necessarily signify agreement.)

Employee Signature

Date

Originated by (Leader's Signature)

Date

Additional Leader Level (Leader's Signature) *if applicable

Date