**DEALER NAME**

**Technician Performance 30 Day Evaluation Form**

This form does not need to be filled out in the presence of the technician.

Date:

Technician being evaluated:

Evaluator, position and contact with technician (e.g., direct supervisor, parallel working relationship, time spent observing--your basis for this evaluation):

Ratings: Unacceptable=1 Below Par=2 Average=3 Superior=4 Outstanding=5

Please note how you arrived at a rating if you feel it will help us understand your rating.

|  |  |
| --- | --- |
| **Category** | **Rating** |
| **Quantity of Work** |  |
| How many hours can the Technician produce |  |
| Capabilities |  |
| Job Knowledge (Techniques and Background) |  |
|  |  |
| **Quality of Work** |  |
| Fix It Right the First Time |  |
| Repeat Repairs |  |
|  |  |
| **Teamwork** |  |
| Relationship with Management |  |
| Relationship with Co-workers |  |
| Sharing workload with others |  |
|  |  |
| **Decision-making** |  |
| Makes appropriate and logical decisions |  |
| Explains and gains support for decisions |  |
| Repair Order Write-ups |  |
|  |  |
| **Takes Initiative** |  |
|  |  |
| **Ability to Communicate** |  |
|  |  |
| **Dependability** |  |
| Punctuality |  |
| Absenteeism |  |
| Timeliness and Completeness of work |  |
| Keeps Bay(s) Clean |  |
|  |  |

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Indicate any particular strengths/weaknesses you feel this employee possesses:

Describe what you feel the employee has learned during this experience, and what personal or professional growth he/she has demonstrated:

Make any comments regarding the work experience you feel is appropriate:

What I like best about the technician/work done/Dealership:

What needs to be improved and how:

|  |
| --- |
| **Next Steps** |
| Career PathTimeline |  |
| Training |  |
| Pay  |  |

This report has been discussed with the employee: \_ Yes \_ No

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Technician Signature Dealer Management Signature