



## Annual Performance Evaluation

---

### TEAM MEMBER INFORMATION

Team Member Name:	
Position:	

How do you show respect for our patients and the underserved?

---

---

How do you demonstrate exceptional customer service? Clinical Excellence?

---

---

What are one or two things you do at OHP that make you most proud?

---

---

---

---

What are one or two things you will try to improve upon this year?

---

---

---

---

What is an example of a time you were especially efficient and productive?

---

---



## Annual Performance Evaluation

---

How do you seek continuing education and knowledge?

---

---

---

List an example of when you showed open or honest communication:

---

---

---

How would others describe your attitude at work? What have you done to create an engaged, supportive, and fun workplace?

---

---

---

Help OHP improve! What could your supervisor do to make your job better?

---

---

---

---

Team Member Signature \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date: \_\_\_\_\_