



*The information contained on this form is for general information purposes only. Burkhart Dental Supply assumes no responsibility for any errors or omissions in the content. Laws and regulations may vary state-to-state.

Staff Performance Review

Original to employee file, copy to team member.

Staff Name: _____ Today's Date: _____

Definition of Ratings: 5= Consistently Outstanding 3 = Meets Practice's Standards 1 = Unsatisfactory
 4 = Frequently Exceeds Standards 2 = Needs Improvement

Work Ethic	1	2	3	4	5
At work as scheduled and prepared, punctual					
Time-off scheduled in advance, in consideration of the practice					
Willing to take on additional duties to promote the success of the practice					
Understands the fiscal health of the practice					

Efficiency	1	2	3	4	5
Time management skills demonstrated by completing tasks on time					
Effectiveness in multi-tasking					
Accurately prioritizes tasks					
Stays within agreed upon timeclock hours (notes on your job description)					
Balances between friendliness and job efficiency					

Initiative	1	2	3	4	5
Problem solves solutions					
Utilizes down-time looking for ways to help					
Self-motivated, seeks opportunities without waiting for tasks to be assigned					
Seeks opportunities for professional growth					
Making progress toward previously agreed upon goals					



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Patient Relationship skills	1	2	3	4	5
Confident, friendly and professional when interacting with patients					
Engages with patients to create trust and loyalty					
Actively invites patients to grow the practice					
Demonstrates caring for patients					
Exhibits listening skills to problem-solve patient's needs					

Teamwork	1	2	3	4	5
Helps other team members during down-time					
Communicates appropriately with dentist and other team members					
Non-defensive with coaching and mentoring					
Sensitive to the needs of others					
Completes thorough transitions (clinic-front/RDH-DDS)					
Posts treatment complete to ensure success and accuracy with collections					

Competency	1	2	3	4	5
Demonstrates working knowledge of techniques, skills, and procedures					
Competency working with equipment, materials, including software program					
Retains information related to steps of a procedure, training					
Completes essential duties listed in individual job descriptions					
Complies with OSHA/HIPAA regulations consistently					

Doctor Signature: _____ Date: _____

This report is based on my observation/ knowledge and represents my best judgment of this team member's performance.

Team Member's Signature: _____ Date: _____

This report has been discussed with me and I have been provided a copy of it.