



Employee questionnaire

Name: _____

Start date: _____

Evaluation period: _____

Current position: _____

Time in current position: _____

What do you see as your most important responsibilities? List them in order of importance. _____

What were your most important accomplishments and contributions during the past year? _____

As an employee, what do you hope to gain from the practice in the long-term? _____

Are you dissatisfied with any specific parts of your work? _____

Do you need/want more knowledge/skills in a particular area? _____

What knowledge/skills do you possess that could benefit the practice that aren't currently being used? _____

Do you have any other suggestions on ways we can make your job easier/more efficient/more interesting and/or improve the workflow of your area?

What duties could you delegate? To whom? _____
