PERFORMANCE ASSESSMENT





Crew Name:		
Position Title:		
Department:		
RATING		
5: EXCEPTIONAL	Performance is consistently superior and significantly exceeds position requirement	ts
4: HIGHLY EFFECTIVE	Performance frequently exceeds position requirements	
3: PROFICIENT	Performance consistently meets position requirements	
2: INCONSISTENT	Performance meets some, but not all position requirements	
1: UNSATISFACTORY	Performance consistently fails to meet minimum position requirements; lacks required skills	
	RESPECT	RATING
* shows a genuine in performing, engaged	ith tact and professionalism towards guests and crew terest in crew members. Provides direction, coaching and support to build high d teams rking relationships in a diverse workplace; demonstrates cooperation within and	
	ENVIRONMENT	
* helps keep workpla	n and environmental responsibility uce neat and tidy SAFETY #1	
* communicates imp * wears appropriate * shows care and colassociated with crew		
	PROFESSIONALISM	
* adheres to the Cod * demonstrates know		
	EXCEED	
* constantly strives to able to improve we improve crew and gu	exceed guest expectations ork methods and procedures to increase efficiency; continues to search for ways to	

Supervisor

COMMUN	NICATION	
Listen and be responsive		
Strive for efficiency and transparency without politics		
* engages guests by welcoming them, offering assista		
* uses appropriate body language when speaking wi	-	
* communicates effectively within and amongst depo	artments and expresses information with consistency	
and clarity	WORK	
TEAMV	WORK	
Win as a team. Play your role		
Work hard, have fun, celebrate successes		
* emphasizes the importance of delivering amazing e * recognizes crew members for their performance	experiences	
* takes work seriously and approaches it in a light-hea	arted way	
Overall Average Perfo	rmance Competency	
Describe crew member's overall performance, in	nclude strength and apportunities for improvem	ent Provide
supporting details.	riciode siterigiti dila opportorimes for improverni	em. Hovide
Crew member comments. Highlight areas of ac	complishments and opportunities for improvement	ent.
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This is to acknowledge that I have discussed my	Performance Assessment. I understand that this	completed
document will be part of my Crew File.		•
Crew Member's Signature:	Data	
CICM METIDE 3 SIGNATORE.	Date:	
Manager's Signature:	Date:	
Director's Signature:	Date:	

Performance Assessment Form: Supervisor

Revision Date: August 25, 2021