

Competency Enhancement Evaluation Checklist

Employee Name

Position/Title

Department

Date

Evaluator Name

Competency Evaluation

Competency	Criteria	Not Demonstrated	Partially Demonstrated	Fully Demonstrated
Technical Skills	Fulfils required job-specific skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	Effectively conveys information and ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teamwork	Works collaboratively with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	Analyzes issues and develops solutions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuous Learning	Engages in ongoing development activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Key Strengths Observed

Areas for Enhancement

Recommended Action Plan

