

# Performance Appraisal for [Employee Name]

Date: [Insert Date]

## Employee Information

Name: [Employee Name]

Position: Dental Hygienist

Department: [Department Name]

## Performance Overview

During the appraisal period of [Insert Period], [Employee Name] has demonstrated the following strengths and areas for improvement:

### Strengths

- Excellent patient care and management skills.
- Strong knowledge of dental hygiene practices.
- Consistent adherence to safety protocols.

### Areas for Improvement

- Enhance communication skills with patients.
- Increase efficiency in time management during procedures.

## Goals for Next Review Period

The following goals have been set for [Employee Name] to achieve before the next appraisal:

- Complete advanced training in [specific area].
- Improve patient follow-up procedures.
- Participate in at least [number] professional development seminars.

## Final Comments

We appreciate [Employee Name]'s contributions and look forward to seeing continued growth and improvement. The next performance evaluation will be conducted on [Insert Date].

Manager's Name: [Manager's Name]

Manager's Signature: \_\_\_\_\_