



## **Performance review** Mentor – Student

Date review:	
Time:	
Location:	

PERSONAL DETAILS	
Name employee:	
Date of birth:	
Current job:	
Department:	
Start date employment:	
Fulfils job since:	
Period current job:	
Date last performance review:	
Form filled in by:	

SUPERVISORS		Contact with employee		
		Daily	Often	Sometimes
1st supervisor	Name:			
	Job:			

2nd supervisor	Name:		
	Job:		

	Name:		
3rd supervisor	Job:		





A. J	OB DISCUSSION
1. Co	re values of the job description / competences
1.1	
1.2	
1.3	
1.4	
2. Jo	b performance
2.1	
2.2	
2.3	
2.4	
3. Co	ntributed points
3.1	
3.2	
3.3	
3.4	
4. Wo	orking conditions
4.1	
4.2	
4.3	
4.4	
5. Pe	rsonal growth
5.1	
5.2	
5.3	
5.4	
6. Pe	rformance supervisors
6.1	
6.2	
6.3	
6.4	
7. Ab	sence
7.1	Short absence:
7.2	Long absence:





## **B. AGREEMENTS AS A RESULT OF THE PERFORMANCE REVIEW**

Thus discussed and initialled on each page.

	ASSESSOR	EMPLOYEE
		The content of this performance review has been noted by me.
Name		
Function		
Date		
Signature		