

# Healthcare Professional Appraisal Form

## Personal Information

Full Name

Position/Title

Department

Date of Appraisal

Appraiser's Name

## Professional Skills Assessment

Skill/Area	Rating (1-5)	Comments
Clinical Knowledge	<input type="text"/>	<input type="text"/>
Patient Care	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>

## Achievements

## Areas for Development

## Appraiser's Overall Feedback

Agreed Action Plan & Goals

Signatures

Appraisee Signature		Date	
Appraiser Signature		Date	