



Preferred Power Management Monthly Associate Evaluation Sheet

Date / Month: _____

Associate Name: _____ **Associate #:** _____

| Did Associate Make: | Yes | No |
|----------------------------------|-----|----|
| Monthly Goal? | | |
| Associate on track year to date? | | |

| Goals Section: | |
|---------------------|--|
| Sales Month End: | |
| Goal for the Month: | |
| Year to date Sales: | |
| Year to date Goals: | |

| Manager and Associates should each rate the performance using the 5-point scale. Plan future actions base on management of the gap. | | |
|--|-----------|---------|
| Grading Scale: 1-Poor 2-Needs Improvement 3- Meets Expectations 4- Very Good 5- Superior | | |
| Performances: | Associate | Manager |
| Preferred Sales Process | | |
| Add-ons | | |
| Clientele Efforts | | |
| Back Counter | | |
| GIA Completion | | |
| Average Rating: | | |

| Factors that Limit Performance | Yes | No |
|--------------------------------|-----|----|
| Clear Expectations? | | |
| Skill Knowledge? | | |
| Internal Motivation? | | |
| Job Capacity | | |
| Rewards or Consequences? | | |
| Training? | | |
| Feedback? | | |

