

## GM@W Evaluation Worksheet

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PF7: RECOGNITION & REWARD

**OBJECTIVE:** A work environment where there is appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner.

#### PF7 GM@W Survey Results

PF7 GM@W Survey Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_



#### PF7 GM@W Organizational Review Results

PF7 GM@W Organizational Review Score: \_\_\_\_\_ (5 to 20)

Date administered: \_\_\_\_/\_\_\_\_/\_\_\_\_



Significant Concerns = 5 to 9 Moderate Concerns = 10 to 13 Minimal Concerns\* = 14 to 16 Relative Strengths\*\* = 17 to 20

\* Although this is a Minimal Concern, it is important to attend to it and review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

\*\* Although this is a Relative Strength, it is important to review the GM@W Organizational Review Results and the GM@W Survey Results for any additional or individual-identified areas of concern.

Specific Action(s) (What exactly did you do?)	Purpose of Action (Why did you choose this action?)	Evaluation Team (Who is it important to involve in the evaluation?)	Objectives (What changes are you trying to make?)	Successes (What worked well?)	Challenges (What difficulties did you encounter?)	Next Steps
<b>Action Priority 1:</b> Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___			<b>Short-Term Outcomes:</b>  <b>Long-Term Outcomes:</b>			
<b>Action Priority 2:</b> <i>(if applicable)</i> Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___			<b>Short-Term Outcomes:</b>  <b>Long-Term Outcomes:</b>			
<b>Action Priority 3:</b> <i>(if applicable)</i> Date Started: ___/___/___ Date Ended: ___/___/___ Date of Evaluation: ___/___/___			<b>Short-Term Outcomes:</b>  <b>Long-Term Outcomes:</b>			