

# GARDENER 1: PERFORMANCE PLANNING AND REVIEW FORM

Review Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

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

Performance Expectations Were:

Exceeded	Met	Not Met	
_____	_____	_____	1. Gardener 1 Orientation Program
_____	_____	_____	2. Safety Certification
_____	_____	_____	3. Punctuality, Attendance, and Appearance
_____	_____	_____	4. Hazard Communication
_____	_____	_____	5. Basic Gardening Skills
_____	_____	_____	6. Equipment Operation
_____	_____	_____	A. Power Blower
_____	_____	_____	B. Edge Trimmer/Stick Edger
_____	_____	_____	C. 21" Mower
_____	_____	_____	D. Power Hedge Trimmer
_____	_____	_____	E. String Trimmer (Weed-eater)

Additional Training/Certification Needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Strengths:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Areas for Improvement:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Goals:

1. \_\_\_\_\_ By: \_\_\_\_\_
2. \_\_\_\_\_ By: \_\_\_\_\_
3. \_\_\_\_\_ By: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Review Date: \_\_\_\_\_

Amount of Increase Recommended: \_\_\_\_\_ /hour