

Assoc Name: _____

Assoc #: _____

Review Month: _____

Associate Contribution Summary - Last Month

Recognition of Superior Performance:

Areas for Improvement:

Observation Summary - Last Month

Best Practices:

Opportunities:

Digital Tools Utilization

Leads Entered #	Closed %	Shopping Recaps Sent #	My Stuff Sent #
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Action Plan

Associate/Manager Commitments for Improvement: *(S.M.A.R.T Plan - who? will do what? by when?)*

Associate Sign-Off: _____ **Date:** _____ **Manager Sign-off:** _____ **Date:** _____

Previous Month Follow-Up results:	Commitment met ___	Commitment not met ___ (new action plan req'd)
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Current Observations

Date	Observation Comments

Observation Based Actions

Top 3 skills associate should focus on	Assoc Sign-off
1. _____	_____
2. _____	
3. _____	