

# LMT Review Form

## Massage Department Resource

Name: \_\_\_\_\_ Period Covered: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Current Pay Rate: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

*Rate these items on a scale of 1-10 (1-3=poor, 4-6=satisfactory, 7-9=good, 10=excellent)*

Communication	1 2 3 4 5 6 7 8 9 10	Appearance	1 2 3 4 5 6 7 8 9 10
Productivity & Repeat Clientele	1 2 3 4 5 6 7 8 9 10	Attendance & punctuality	1 2 3 4 5 6 7 8 9 10
Customer Service & Enthusiasm Levels	1 2 3 4 5 6 7 8 9 10	Attitude & Cooperation	1 2 3 4 5 6 7 8 9 10
Professionalism	1 2 3 4 5 6 7 8 9 10	Overall job satisfaction	1 2 3 4 5 6 7 8 9 10

Total Score: \_\_\_\_\_

Comments: \_\_\_\_\_

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

Signature: \_\_\_\_\_, on \_\_\_\_\_  
 (employee) (date)

Supervisor/Manager Signature: \_\_\_\_\_