

Supervisor Feedback Evaluation Form

Employee Name

Department

Supervisor Name

Date

| Criteria | Score | Comments |
|--------------------------|-------|----------|
| Quality of Work | | |
| Productivity | | |
| Communication | | |
| Teamwork | | |
| Attendance & Punctuality | | |
| Initiative | | |

Strengths

Areas for Improvement

Goals & Recommendations

Supervisor Signature

Employee Signature

Date