

360-Degree Feedback Form

EMPLOYEE INFORMATION

Employee Name

Department

Reviewer Name

Relationship to Employee

Assessment Date

COMPETENCY ASSESSMENT

Competency	1 Needs Improvement	2	3 Satisfactory	4	5 Excellent
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration / Teamwork	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Problem Solving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accountability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPEN FEEDBACK

Strengths

Areas for Improvement

Additional Comments

