

Blank Peer Feedback Form

Your Name

Colleague's Name

Date

1. Strengths

What does this colleague do well? Please provide specific examples.

2. Areas for Improvement

What can this colleague improve in their work or interactions?

3. Collaboration & Teamwork

How does this colleague contribute to the team?

4. Communication

How effective is this colleague's communication?

5. Additional Comments

Any other feedback or suggestions?

