

Individual Performance Feedback Assessment

Employee Name

Review Date

Position/Role

Department

Reviewer Name

Performance Criteria

| Criteria | Rating (1-5) | Comments |
|-----------------|--------------|-------------|
| Quality of Work | <div></div> | <div></div> |
| Productivity | <div></div> | <div></div> |
| Communication | <div></div> | <div></div> |
| Teamwork | <div></div> | <div></div> |
| Initiative | <div></div> | <div></div> |

Strengths and Achievements

Areas for Improvement

Goals/Action Plan

Employee Signature

Reviewer Signature