

# Individual Performance Feedback Assessment

Employee Name

Review Date

Position/Role

Department

Reviewer Name

## Performance Criteria

Criteria	Rating (1-5)	Comments
Quality of Work	<input type="text"/>	<input type="text"/>
Productivity	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Teamwork	<input type="text"/>	<input type="text"/>
Initiative	<input type="text"/>	<input type="text"/>

## Strengths and Achievements

**Areas for Improvement****Goals/Action Plan**

Employee Signature

Reviewer Signature