Free Form for 360 Degree Feedback

Participant Information

•	Employee Name:
•	Position:
•	Department:
•	Date:

Self-Feedback

- 1. Rate your overall performance:
 - o Excellent [] Good [] Fair [] Poor []
- 2. Evaluate your teamwork skills:
 - Excellent [] Good [] Fair [] Poor []
- 3. Assess your communication abilities:
 - o Excellent [] Good [] Fair [] Poor []

Peer Feedback

- 1. Rate the participant's collaboration skills:
 - o Excellent [] Good [] Fair [] Poor []
- 2. How well does the participant communicate with the team?
 - o Excellent [] Good [] Fair [] Poor []
- 3. Assess the participant's problem-solving capabilities:
 - Excellent [] Good [] Fair [] Poor []

Manager Feedback

- 1. Overall performance evaluation:
 - Excellent [] Good [] Fair [] Poor []
- 2. Management and leadership abilities:

	 Excelle 	nt [] Good [] Fair	[] Poor []				
3.	Task and resp	k and responsibility handling:					
	o Excelle	nt [] Good [] Fair	[] Poor []				
Additi	ional Commen	nts					
•	Strengths:						
	0						
•	Development	: Areas:					
	0						
•	General Feed	lback:					
	0						
Signa	tures						
•	Employee Sig	gnature:					
•	Date:		 				