

360 Degree Feedback Form for Employees

Employee Details

Name: _____

Job Title: _____

Department: _____

Evaluation Period: _____

Evaluator Information

Name: _____

Relationship to Employee (e.g., Peer, Supervisor, Subordinate):

Performance Assessment Table

Competency	Rating (1-5)	Comments/Examples
Communication Skills	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Team Collaboration	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Leadership and Initiative	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Time Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Decision-Making Ability	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
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Strengths and Achievements

Describe two strengths observed in this employee:

Highlight a major accomplishment during the evaluation period:

Improvement Areas

Identify one key area for improvement: _____

Suggested actions for development:

Additional Feedback and Recommendations

General Comments: _____

Evaluator's Signature: _____

Date: _____