

360 Leadership Feedback questionnaire

Leader's Details

Name: _____

Role/Position: _____

Department: _____

Feedback Topics

Rate the following on a scale of 1-5 (1: Poor, 5: Excellent):

Category	Rating (1-5)	Examples or Comments
Vision and Goal Setting	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Conflict Management	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Mentorship	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Decision-Making	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
Influence and Negotiation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

Narrative Feedback

What is this leader's greatest strength?

Describe a time when this leader motivated their team effectively:

Development Opportunities

Suggest one area for leadership improvement:

Recommended courses or mentoring programs:

Conclusion

Overall Assessment: Strong Leader Needs Improvement

Additional Remarks:

Evaluator's Signature: _____

Date: _____