**Nursing Colleague Feedback Form**

**Colleague Information**

* **Name of Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Unit/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Feedback Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Feedback Details**

* **Rate the colleague's professionalism in patient care:
[ ] Outstanding
[ ] Above Average
[ ] Average
[ ] Needs Improvement**
* **Highlight their strengths in teamwork and collaboration:**
* **Provide examples of exceptional contributions:**

**Colleague Behavior Assessment Table**

| **Behavior/Skill** | **Rating (1-5)** | **Strengths Observed** | **Suggestions for Improvement** |
| --- | --- | --- | --- |
| **Patient Care** |  |  |  |
| **Communication** |  |  |  |
| **Teamwork** |  |  |  |
| **Task Management** |  |  |  |
| **Leadership Potential** |  |  |  |
| **Problem-Solving Skills** |  |  |  |
| **Compassionate Approach** |  |  |  |
| **Time Management** |  |  |  |

**Colleague’s Signature**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**