

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:** _____