

Individual Performance Feedback

Performance Review For:	Review Conducted By:
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Product:

Complete this form and submit with your project. Your input will be treated as confidential, so feel free to be honest. I appreciate your input. Check the box indicating your evaluation for each capability. Provide comments for capabilities you feel are either exceptional or substandard.

Legend

5=Exceptional | 4=Superior | 3=Solid | 2=Needs Work | 1=Substandard

Capabilities	Assessment					Comments
Communication	5	4	3	2	1	
Provides timely information and communicates clearly both verbally and in writing.						
Fosters open communication, listens actively and asks appropriate questions.						
Teamwork	5	4	3	2	1	
Effective team member: encourages collaboration; resolves conflict.						
Responsive to fellow team members, is available when needed.						
Shares and solicits ideas, makes suggestions leading to more efficient work.						
Decision Making	5	4	3	2	1	
Gathers information systematically and makes sound and timely decisions within the scope and level of his/her responsibility.						
Maintains an organized approach in areas of responsibility and maintains timeline commitments.						

Legend

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Capabilities	Assessment					Comments
Developmental	5	4	3	2	1	
Takes ownership and initiative and assumes responsibility.						
Accepts constructive feedback and is open and willing to be coached.						
Shares knowledge willingly and learns from others.						
Leadership	5	4	3	2	1	
Leads and works collaboratively.						
Effectively influences others to achieve goals.						
Effectiveness	5	4	3	2	1	
Achieves desired results and consistently adds value.						
Other	5	4	3	2	1	

What do you feel are the individual's strengths?

What do you feel the individual needs to develop?

Please make any additional comments below.

Thank you for providing this feedback.