

EMPLOYEE		PERIODICAL FEEDBACK FORM	
DEPARTMENT		ANSWERABLE TO	
JOB TITLE		JOB TITLE	
LEVEL		EMPLOYED SINCE	
STEP		OTHERS PRESENT	
DATE		FEEDBACK PERIOD	

ISSUES	SC	SUMMARY	AGREEMENTS / ACTION	DEADLINE
1. productivity				
2. quality				
3. sense of organisation				
4. awareness of costs				
5. cooperation				
6. initiative / creativity				
7. use of material and equipment				
8. flexibility				
9. knowledge				
10. skills				
11. experience (know-how)				
12. leadership qualities				
13. adhere to rules				
14. communication skills – with colleagues				
15. communication skills – with clients				
16. planning skills				
17. time management, efficiency				
18. confidence				
19. loyalty and faithfulness				
20. personal grooming				
21. additional remarks, if any				

The undersigned were present at the feedback meeting:			
Date:	Date:	Date:	Date:
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:

SCORE: N/A NOT APPLICABLE, ? UNKNOWN, ++ EXCELLENT, + SUFFICIENT, - NEEDS ATTENTION, -- NEEDS IMMEDIATE ATTENTION AND NEXT FEEDBACK MEETING AFTER THREE MONTHS.