You have been asked to complete this form for the above-named administrator, supervisor or colleague. Please use your knowledge of this person’s work, decision-making habits and commitment when completing this review form. Your feedback will help inform the Annual Performance Review process.

1. **Shows Respect for Colleagues and Customers**
   - □ N/A
   - □ Strongly Agree
   - □ Agree
   - □ Neutral
   - □ Disagree
   - □ Strongly Disagree

2. **Collaborates Well in a Team**
   - □ N/A
   - □ Strongly Agree
   - □ Agree
   - □ Neutral
   - □ Disagree
   - □ Strongly Disagree

3. **Completes Tasks on Time**
   - □ N/A
   - □ Strongly Agree
   - □ Agree
   - □ Neutral
   - □ Disagree
   - □ Strongly Disagree

4. **Willing to Learn New Techniques and Tasks**
   - □ N/A
   - □ Strongly Agree
   - □ Agree
   - □ Neutral
   - □ Disagree
   - □ Strongly Disagree
Employee Name: ____________________________________________

5. Makes Sound and Logical Job-related Decisions
   ☐ N/A
   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

6. Participates in Training and Development Activities
   ☐ N/A
   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

7. Serves as a Positive Role Model for Others
   ☐ N/A
   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

8. Creates Supportive Environment for Diverse Employees
   ☐ N/A
   ☐ Strongly Agree
   ☐ Agree
   ☐ Neutral
   ☐ Disagree
   ☐ Strongly Disagree

Relationship to Employee:
☐ Co-worker / Equal Rank
☐ Co-worker / Higher Rank
☐ Co-worker / Lower Rank
☐ Supervised by Employee

Areas of Concern that Should be Addressed: