**360-Degree Feedback Survey**

Below is a 360 form for the recipient noted below. The individual has requested your input to their evaluation based on working with you as a colleague. This is optional based on your time and availability, and your consideration is appreciated regardless of whether or not you can complete it. If you can provide input, please return the form to me as the evaluator. The recipient of this feedback will see only a roll-up of the results, not the actual feedback forms.

Name of feedback recipient: Click here to enter full name

Name of evaluator : Click here to enter name

Please return the completed form to: Click here to enter name

**What is your working relationship to this employee?**

Direct Manager

Peer/Colleague

Direct Report

Other (please specify) Click here to enter text.

**Instructions:**

Please indicate the rating that corresponds to the degree to which you observe this person demonstrating the listed behavior. N/A should be used if you have not had the opportunity to observe the behavior. If you have questions, please contact Human Resources.

**Communication Skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | N/A | 1 | 2 | 3 | 4 | 5 |
| Communicates ideas clearly and concisely |  |  |  |  |  |  |
| Listens attentively to others |  |  |  |  |  |  |
| Keeps others informed |  |  |  |  |  |  |
| Provides constructive feedback |  |  |  |  |  |  |
| Writes effectively |  |  |  |  |  |  |

Rating Scale: 1 (Poor) - 5 (Excellent)

Please Explain:

|  |
| --- |
| Click here to enter text. |

**Interpersonal Skills**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria | N/A | 1 | 2 | 3 | 4 | 5 |
| Treats others with respect |  |  |  |  |  |  |
| Collaborates well with team members |  |  |  |  |  |  |
| Manages conflicts professionally |  |  |  |  |  |  |
| Builds positive working relationships |  |  |  |  |  |  |
| Displays emotional intelligence |  |  |  |  |  |  |

Rating Scale: 1 (Poor) - 5 (Excellent)

Please Explain:

|  |
| --- |
| Click here to enter text. |

**Open-Ended Feedback**

Please add any comments (optional):

|  |
| --- |
| Click here to enter text. |

Evaluator Name: Click here to enter full name

Evaluator Signature: Click here to type digital signature Date: Click here to enter the date.

By checking this box, I affirm that I am signing this document by typing my name above.

Thank you for your feedback!