



## 360-Degree Performance Evaluation Form

(Appraisal Period: \_\_\_\_\_ to \_\_\_\_\_)

This form will assist management in preparing the performance evaluation for the individual listed below. As someone who works with this person on a regular basis, your feedback regarding his or her performance will be useful to the overall review process. You are not required to put your name on this form.

Employee Name: \_\_\_\_\_

Relation to Employee: \_\_\_\_\_

Your Name (Optional): \_\_\_\_\_

Time Spent	Every Day	A few times a week	A few times a month	Every few months	NA (Never)
Your interaction with employee					

Quality of Work	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Sets high standards for quality of work output					
Ensures work is error-free before submitting					
Helps others improve the quality of their work					

Communication	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Communicates well orally and in written-form					
Displays good listening skills					
Shares information freely with others					

Teamwork	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Contributes positively to team					
Helps define team roles to maximize output					
Can be counted on to complete tasks correctly					



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<b>Personal Qualifications and Leadership</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Presents a positive image to outsiders					
Is friendly and easy to work with					
Adapts well to change					
Has high professional and ethical standards					

Please provide additional comments in the space below

What should the employee continue to do more of?

What should the employee do less of?

Other constructive feedback: