**UPWARD FEEDBACK FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE INFO** | | | |
| **SUPERVISOR NAME** |  | **DEPARTMENT** |  |
| **REVIEW PERIOD** |  | **DATE OF REVIEW** |  |
|  | | | |
| Provide feedback regarding the performance of your supervisor based upon their skills and responsibilities in each of the following categories. | | | |
| **ABILITY TO ACCOMPLISH RESPONSIBILITIES** | | | |
|  | | | |
| **ACHIEVEMENT OF GOALS** | | | |
|  | | | |
| **EXAMPLES OF EXCEPTIONAL PERFORMANCE** | | | |
|  | | | |
| **SUGGESTED AREAS OF IMPROVEMENT** | | | |
|  | | | |
| **DEMONSTRATION OF CORE VALUES** | | | |
|  | | | |
| **ADDITIONAL COMMENTS** | | | |
|  | | | |