**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** |
|  |