

Employee Feedback Form

Employee: _____

Manager: _____

Date: _____

Overall Goals

Priority #1

Goal:

Score:

Priority #2

Goal:

Score:

Priority #3

Goal:

Score:

Priority #4

Goal:

Score:

Priority #5

Goal:

Score:

Personal Goals

① Goal:

+ _____ 0 _____ -

② Goal:

+ _____ 0 _____ -

③ Goal:

+ _____ 0 _____ -

Next Feedback Session

(Day)

(Month)

(Year)

Other Performance

1
+ _____ 0 _____ -

2
+ _____ 0 _____ -

3
+ _____ 0 _____ -

4
+ _____ 0 _____ -

5
+ _____ 0 _____ -