|  |  |
| --- | --- |
| your logo here | Company Name |

# Employee Peer Review

## Employee Information

| Evaluator Name |  | Employee Name |  |
| --- | --- | --- | --- |
| Job Title |  | Date |  |
| Relationship to Employee |  | Review Period |  |

## Objectives Met or Exceeded During Evaluation Period

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Strongly Agree | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** | **N/A** |
| Shows respect for colleagues |  |  |  |  |  |  |
| Shows respect for customers and company partners |  |  |  |  |  |  |
| Collaborates well in a team |  |  |  |  |  |  |
| Completes tasks on time |  |  |  |  |  |  |
| Willing to learn new skills and techniques |  |  |  |  |  |  |
| Makes logical job-related decisions |  |  |  |  |  |  |
| Is a positive role model for others |  |  |  |  |  |  |
| Creates a supportive environment |  |  |  |  |  |  |

## Key Strengths

|  |
| --- |
| Objective 1: |
| Objective 2: |
| Objective 3: |
| Objective 4: |

## Areas of Needing Further Development

|  |
| --- |
| Objective 1: |
| Objective 2: |
| Objective 3: |
| Objective 4: |

## Verification of Review

|  |  |  |  |
| --- | --- | --- | --- |
| Evaluator Signature |  | Date |  |
| Employee Signature |  | Date |  |
| Manager Signature |  | Date |  |