## **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		

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