

## Evaluation Feedback Form

Name of the Individual:	
Designation:	
Evaluation Purpose:	
Evaluator:	
Feedback created by:	

Date of Evaluation:		Date of Feedback:	
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Please answer the following questions pertaining to the evaluation of the individual concerned:

**1. Is the individual satisfied with the work at hand currently?**

- a. Most certainly      b. More or less      c. Not sure      d. Not in the least

**2. Are there any areas of the work that the individual is not acquainted with?**

- a. All areas covered      b. Some areas must be addressed  
c. Ignorant about most of the areas      d. Needs to be reacquainted

**3. What is the overall body language of the individual?**

- a. Very positive      b. Absolutely Negative      c. Mixed; depends on the situation

**4. What are the steps for improvement that need to be taken? Please specify:**