

The University of Tennessee

Administrator/Supervisor/Peer Review Form (Optional)

(To be completed at supervisor's request and returned to supervisor)

Employee Name: _____ Review Period: _____
Position Title: _____ Date: _____
Department: _____

You have been asked to complete this form for the above-named administrator, supervisor or colleague. Please use your knowledge of this person's work, decision-making habits and commitment when completing this review form. Your feedback will help inform the Annual Performance Review process.

1. Shows Respect for Colleagues and Customers

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

2. Collaborates Well in a Team

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

3. Completes Tasks on Time

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

4. Willing to Learn New Techniques and Tasks

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Employee Name: _____

5. Makes Sound and Logical Job-related Decisions

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

6. Participates in Training and Development Activities

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

7. Serves as a Positive Role Model for Others

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

8. Creates Supportive Environment for Diverse Employees

- N/A
- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

Relationship to Employee:

- Co-worker / Equal Rank
- Co-worker / Higher Rank
- Co-worker / Lower Rank
- Supervised by Employee

Areas of Concern that Should be Addressed:
