**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

1. **Collaborates Well in a Team**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. **Completes Tasks on Time**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. **Willing to Learn New Techniques and Tasks**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

Employee Name:

1. **Makes Sound and Logical Job-related Decisions**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. **Participates in Training and Development Activities**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. **Serves as a Positive Role Model for Others**

N/A

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. **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:**