

**CO-WORKER EVALUATION FORM:**

Form Instructions: A co-worker review should take place periodically, but it is not required every year. Supervisor and employee have agreed on any number of people who might perform a co-worker review. Supervisor sends form (and may also attach employee's job description) to two or three of those discussed in order to gain feedback on employee's performance. People selected may be peers, subordinates or a combination of both. These evaluations must be completed and turned in (confidentially) to supervisor prior to evaluation date. Supervisor uses peer evaluation along with employee self analysis, and supervisor evaluation of employee to prepare the performance evaluation.

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**To evaluator:** I would like your input to assist in an annual performance review for (name, position)\_\_\_\_\_  
\_\_\_\_\_. We all benefit from the feedback of those people who are in a position to observe us and work with us, as well as to have an appreciation for our contribution and unique gifts. This review is my opportunity to assist in the professional and personal development of a colleague. Your perspective is important to me and Jody\_\_\_\_\_ has also asked that I gain your perspective. I hope that you will take a few minutes and answer the questions below. Your comments will be kept confidential and used by me to acknowledge strengths you've observed and to cite areas of development and challenge for the coming year.

**Please return your feedback in a confidential envelope to \_\_\_\_\_ by \_\_\_\_\_**  
supervisor date

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1. In general, how does \_\_\_\_\_ uphold OBP values in doing their job? (OBP values are: Customer satisfaction; Employees-the key to our Success; Teamwork; Professionalism and Integrity; Stewardship of Resources; Being Proactive and Innovative). If possible, please cite a specific incident(s).
  
2. Are there any areas of performance which you believe to be exemplary or in need of improvement? Please give your overall opinion and if possible, please cite specific examples.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**(The source of this information will be kept confidential. Only the substance will be used to provide the appropriate feedback to the individual being reviewed)**