**UPWARD FEEDBACK FORM**

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| **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** | | | | | |
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| **ACHIEVEMENT OF GOALS** | | | | | |
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| **EXAMPLES OF EXCEPTIONAL PERFORMANCE** | | | | | |
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| **SUGGESTED AREAS OF IMPROVEMENT** | | | | | |
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| **DEMONSTRATION OF CORE VALUES** | | | | | |
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| **ADDITIONAL COMMENTS** | | | | | |
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