



REFORMHR SOLUTIONS

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Peer Evaluation Form

Please take a few moments to complete this form honestly.

Date of Evaluation *

Date

Team *

Team Member Name *

First Name

Last Name

Evaluator (Optional)

First Name

Last Name

Evaluation

Completes tasks on time and accurately *

1 2 3 4 5

Never

Always

Actively participates in team discussions *

1 2 3 4 5

Communicates clearly and respectfully with peers *

1 2 3 4 5

Provides and accepts constructive feedback *

1 2 3 4 5

Works well and collaborates with team *

1 2 3 4 5

Takes initiative and leads when necessary *

1 2 3 4 5

Produces high-quality work consistently *

1 2 3 4 5
Never Always

Adapts well to challenges and changes *

1 2 3 4 5

Resolves conflicts professionally and calmly *

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
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Never

Always

Maintains professionalism and respect in interactions *

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
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Never

Always

General Feedback

What are this team member's greatest strengths? *

What areas can this team member improve on? *

Would you recommend working with this team member on future projects? *

<input type="radio"/> Yes	<input type="radio"/> No
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Additional Comments