**Peer Evaluation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Being Evaluated:** |  | **Department:** |  |
| **Position:** |  | **Evaluator (Peer) Name:** |  |
| **Date:** |  | **Evaluation Period:** |  |

**Section 1: Evaluation Criteria**

Rate your colleague’s performance on the following aspects:  
(Use the scale: **1 = Poor | 2 = Fair | 3 = Good | 4 = Very Good | 5 = Excellent**)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Description** | **Rating (1–5)** | **Comments** |
| Teamwork & Collaboration | Works well with others, shares information and ideas freely. |  |  |
| Communication Skills | Communicates clearly, listens actively, and responds politely. |  |  |
| Reliability & Accountability | Completes tasks on time and meets expectations. |  |  |
| Initiative & Problem Solving | Takes initiative and suggests practical solutions. |  |  |
| Adaptability & Flexibility | Adapts well to changes and remains calm under pressure. |  |  |
| Professionalism & Work Ethics | Displays honesty, respect, and ethical behavior. |  |  |
| Cooperation & Support | Offers help and supports teammates when needed. |  |  |
| Quality of Work | Produces accurate, thorough, and high-quality results. |  |  |
| Leadership Potential (if applicable) | Motivates peers and guides team tasks effectively. |  |  |

**Section 2: Overall Performance**

|  |  |
| --- | --- |
| **Aspect** | **Evaluator’s Input** |
| **Overall Rating (Average):** |  |
| **Strongest Attributes:** |  |
| **Areas for Improvement:** |  |
| **Additional Comments:** |  |

**Section 3: Recommendation**

|  |  |  |
| --- | --- | --- |
| ☐ Strongly Recommend for Recognition | ☐ Recommend for Further Development | ☐ No Recommendation at this Time |
|  | | |
| Evaluator Signature: |  | |
| Date: |  | |