

## One On One Feedback Form – Essay Style 2

| Name:                               | Date:    |        |
|-------------------------------------|----------|--------|
| What are you doing well?            |          |        |
| What could you improve?             |          |        |
| Your current performance rating     |          |        |
| What are your ambitions?            |          |        |
| What actions are you going to take? |          |        |
| Action                              | Due Date | Status |
|                                     |          |        |
|                                     |          |        |
|                                     |          |        |
|                                     |          |        |
|                                     |          |        |
| What do you need from me?           |          |        |
| Manager Signature:                  |          |        |
| Employee Signature:                 |          |        |
| Next One on One Date:               |          |        |