

One On One Feedback Form – Rating Scale

Name:		Date:	
Key Result Area	Rating	Comment	
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
	1.....2.....3.....4.....5		
Managers Comments			
Employee Comments			
Actions	Due	Status	