

Supervisor Feedback Form

DIRECTIONS: Complete and return to immediate supervisor's supervisor by October 1.
SIGNATURE IS OPTIONAL.

Name of Supervisor: _____ **Date** _____

1. What things about your supervisor's management style do you find helpful and would like him/her to continue to do?

2. Please provide feedback (or give examples) of things that you feel your supervisor should do more of to help you be successful in your job.

3. Please provide feedback (or give examples) of things about your supervisor's management style that you feel he/she should do less of.

4. Are there any specific comments you would like to make concerning your supervisor's leadership qualities?

General Comments:

Signature (Optional)