Peer Review Questionnaire

Please answer the questions thoroughly and truthfully. Please provide your OWN responses individually. Your peer who is being reviewed will **not** be told which co-workers were asked to complete questionnaires.

Peer Reviewed for: Date:

**Ratings Definition**

Using the following scale

* 1 = Never
* 2 = Occasionally
* 3= Sometimes
* 4 = Most of the Time
* 5 = Always
* NE = No Experience

Mark the number that most accurately describes your peer.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   |   | 1  | 2  | 3  | 4  | 5  | NE  |
| 1.  | Behaves in a manner consistent with the company’s mission, vision and values  |   |   |   |   |   |   |
| 2.  | Is viewed as a person of integrity by co-workers  |   |   |   |   |   |   |
| 3.  | Has an attitude of helpfulness toward co-workers  |   |   |   |   |   |   |
| 4.  | Complies with company policies and procedures  |   |   |   |   |   |   |
| 5.  | Is professional and courteous when communicating with coworkers  |   |   |   |   |   |   |
| 6.  | Represents the company in a positive manner when interacting with customers  |   |   |   |   |   |   |
| 7.  | Is interested in continuing to develop new skills and to grow as a professional  |   |   |   |   |   |   |
| 8.  | Follows through with tasks and responsibilities in an appropriate and timely manner  |   |   |   |   |   |   |
| 9.  | Demonstrates respect for the work and ideas of others  |   |   |   |   |   |   |
| 10.  | Is considerate of the needs of others  |   |   |   |   |   |   |
| 11.  | Is willing to accept responsibility for his or her own actions  |   |   |   |   |   |   |
| 12.  | Is someone that you feel would make an effective supervisor  |   |   |   |   |   |   |
| 13.  | Is someone you feel comfortable approaching to ask for assistance or advice  |   |   |   |   |   |   |
| 14.  | Stays focused on helping internal and external customers  |   |   |   |   |   |   |
| 15.  | Demonstrates a willingness to listen to what others have to say  |   |   |   |   |   |   |

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