**360 Feedback**

Name (optional):

Role (optional):

Date:

Relationship to feedback recipient, such as peer, manager (optional):

|  |  |
| --- | --- |
| Please tell me about those aspects of my work that I currently do well and should continue doing in the same way. |  |
| Please tell me about those aspects of my work that are less productive or constructive, and that I should do less of. |  |
| Please tell me about those aspects of my work where I could develop further, where I have the potential to do well. |  |
| Please add any other feedback. |  |