## MANAGER EVALUATION FORM

Manager Name:	
Department:	
Date of Evaluation:	
Instructions: Please rate the manage 1 being poor and 5 being excellent.	r on the following criteria on a scale of 1 to 5, with
	Poor

		Poor		Excellent		
		(1)	(2)	(3)	(4)	(5)
Communication Skills:						
•	Provides clear and concise instructions and expectations:					
•	Listens actively and responds appropriately to feedback:					
•	Communicates effectively with team members and					
	stakeholders:					
•	Demonstrates excellent written and verbal communication					
	skills:					
Strate	gic Thinking:					
•	Shows a clear understanding of organizational goals and					
	objectives:					
•	Develops effective plans to achieve goals and objectives:					
•	Identifies opportunities for growth and improvement:					
•	Takes a proactive approach to problem-solving:					
Leade	rship Skills:					
•	Sets a positive example for team members to follow:				П	
•	Delegates tasks effectively and fairly:					
•	Provides guidance and support to team members:					
•	Motivates team members to perform at their best:					
	·					
Adant	ability:					
Adapt	Is able to adapt to changing circumstances:					
•	Can pivot plans when necessary:					
•	Makes decisions that benefit the team and organization:					
•	Remains calm and focused under pressure:					

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	Poor (1)	(2)	(3)	(4)	Excellent (5)
Empathy:					
Connects with team members on a personal level:					
<ul> <li>Demonstrates empathy towards team members' concerns and challenges:</li> </ul>					
Fosters a positive work environment:					
Promotes a culture of collaboration and inclusivity:					
Overall Evaluation					
<ul> <li>How effective is the manager in their role?</li> </ul>					
<ul> <li>Does the manager demonstrate potential for long-term success?</li> </ul>					
<ul> <li>Are there areas where the manager could improve? If so, please provide specific feedback:</li> </ul>					
Totals					
Additional Comments:Evaluator Name:Evaluator Signature:					_ 
Date:					

Thank you for your time and feedback!









