

PERFORMANCE REVIEW: FEEDBACK FORM

Co-Reviewer:	Reviewee:	
Position Title:	Department/Project:	
Reviewer:	Performance Period:	
	sent to you to give all your inputs regarding the performance of employee concerned to ded below is the STAR Feedback, for a more holistic and consistent review.	
Please be reminded to only include signif	icant accomplishments and incidents during his/her performance period.	
PART I: RESULTS		
Situation Describe the circumstance or the environment where you observed the behavior of the recipient.		
Task Describe what activity is expected to accomplish by the recipient.		
Action Describe the actual action taken by the recipient.		
Result Describe the outcome of the action versus the expected result.		



PART II: VALUES	
Situation Describe the circumstance or the environment where you observed the behavior of the recipient.	
Task Describe what activity is expected to accomplish by the recipient.	
Action Describe the actual action taken by the recipient.	
Result Describe the outcome of the action versus the expected result.	
Co-Reviewer's Name / Signat	ure / Date Reviewer's Name / Signature / Date

Please send your evaluation to the Mother Unit of employee concerned. Thank you!