

Reverse REVIEW

Employee name: _____ Job title: _____ Job code: _____
Performance review period From: _____ To: _____ Date of review: _____
Supervisor/Manager conducting review: _____ Location: _____

1. What are the positive aspects of your position? What do you enjoy the most or find the most rewarding?

2. What are the negative aspects of your position? What do you enjoy the least? What would you like to change?

3. What areas do I, your supervisor, need to improve on? How can I work better with you or allow for you to be more effective?

4. What do you feel we, as a company, should change or improve to make us more effective?

5. What can we, as a company, do to make your work experience more rewarding and enjoyable?

6. On a scale of 1 to 10, what is your job satisfaction? _____
7. On a scale of 1 to 10, how effective do you feel you have been in your position? _____