

Employee–Employer One-on-One Feedback Form

Employee Name: _____

Manager/Reviewer Name: _____

Date of Meeting: _____

Section 1: Employee Feedback

1. **What's going well in your role right now?**

Your wins, what you're enjoying, or what's feeling smooth.

2. **What challenges or roadblocks are you currently facing?**

Anything that's slowing you down or needs support?

3. **Do you feel supported by your manager/team? If not, mention the reason**
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4. **Are there any skills or tools you'd like to develop or improve?**
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5. **Any suggestions to improve the work environment or processes?**
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Employee Self-Assessment

#	Statement	Yes	No	On Track
1	I meet deadlines consistently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I take ownership of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I communicate effectively with my team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I feel confident in my current responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I'm aligned with company goals and priorities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I proactively seek solutions to problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I manage my time well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	I'm open to feedback and apply it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	I'm learning and growing in my role.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I'm prepared to take on more challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2: Employer/Manager Feedback

1. **What are the employee's strengths and recent contributions?**

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2. **Are there areas where the employee could grow or improve?**

Be specific and constructive.

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3. **How can the company support the employee better?**

Training, mentoring, flexibility, etc.

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4. **Future opportunities or goals for the employee:**

Short-term and long-term suggestions.

Section 2A: Manager Review of Employee

#	Statement	Yes	No	On Track
1	Employee delivers consistent and quality results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Demonstrates accountability and ownership.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Communicates well with peers and stakeholders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Shows initiative and problem-solving skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Follows through on tasks and commitments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Displays a learning and growth mindset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Positively contributes to team dynamics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Manages workload and time effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Open to feedback and improves accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Ready for expanded responsibilities or growth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action Points / Takeaways

(Agreed tasks, goals, or improvements to follow up on)

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