



## **Peer Evaluation**

Name of Applicant	Being Reviewed:			<del></del>	
Workday ID:					
Name of Peer Comp	oleting Review:				
Date:					
		Review G	uidelines		
Complete this self-e	evaluation, using the	following scale:			
•	= Needs Improveme	_	ctations; <b>4</b> = Exceeds	Expectations; <b>5</b> = 0	Dutstanding
		Peer Eva			
	Instru	reer Eva ctions: place a chec		r row.	
	(1) Unacceptable	(2) Needs Improvement	(3) Meets Expectations	(4) Exceeds Expectations	(5) Outstanding
Effective communication skills					
Accountable to Assigned Responsibilities					
Ability to learn and use new skills					
Honors Commitments					
Ability to successfully problem solve					
Ability to coach peers					
Generates Creative Ideas and Solutions					
Demonstrates Innovative Thinking					
Please provide additi	onal comments for so	ores of "1" and/or "5	·":		

Date:

Peer Signature/Title