

EMPLOYERS FEEDBACK PROFORMA

Name of the Institute/Organization:

Name of evaluating person with Designation:

Present postal Address;

Directions for filling the form

For each question/statement, please give your level of Experience by putting a Tick (√) against the statement from a score between 1 and 5. A higher score indicates a better experience.

S.NO.	Parameters	1 Below average	2 Average	3 Good	4 Very good	5 Excellent
1.	Ability to contribute to the goals of Institute					
2.	Knowledge/skill of teacher / faculty					
3.	Ability to manage / leadership					
4.	Innovativeness and creativity					
5.	Relationship with seniors/peers/ subordinates					
6.	Ability to take up additional responsibility					
7.	Ability, Involvement and motivation by staff for social Activity					
8.	Contribution to work beyond schedule in extraordinary situations.					
9.	Overall impression about staff performance					
10.	Delivery of services to the Clients (Parents, Children with Disabilities)					

Date: -----

Signature