

TEAM EVALUATION FORM

Team Information

Team Name: _____ Department: _____

Evaluator Name: _____ Position/Role: _____

Evaluation Period

From: _____ To: _____

Evaluation Criteria

Criteria	Rating (1-5)	Comments
Communication		
Collaboration		
Problem Solving		
Reliability		
Leadership		
Innovation		

Strengths

Areas for Improvement

Goals for the Next Evaluation Period

Overall Comments

Legal Compliance and Acknowledgment

By signing below, both parties acknowledge that this evaluation is accurate to the best of their knowledge and is intended to be legally binding and enforceable under United States law. This evaluation may be used for personnel decisions including training, promotion, or other employment actions. Both parties agree to maintain confidentiality of the evaluation contents, in accordance with applicable laws and company policies.

Evaluator's Signature

Team Leader's Signature

Signature: _____

Signature: _____

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