## **Phoenix Leadership Experience**

## MANAGER FEEDBACK FORM



Name:	Date:	Manager's Name:
		imize their potential. Please provide your insights so perspective of others. Offer specific examples where
helpful. Please keep in minthe 1:1 coaching program.	nd as their supervisor that no	t all of this feedback will necessarily be actionable in
Three strengths this emp	oloyee can leverage:	
Three things this employ	ee should continue to do to	be most effective:
Three things they could s	stop doing to be most effect	ive:
Other feedback I think th	ey should have:	