

## City of Manitowoc Department Head Peer Review



Instructions: Please complete one survey for each of the other Department Heads. All responses will be kept anonymous (only the Mayor and his delegates will have access to specific responses). All responses should be professional and constructive. Please take the time to complete this exercise in a thoughtful manner. Also, please be as specific as possible when giving examples. The responses will be used by the Mayor to give anonymous, constructive feedback to Department Heads during annual reviews and will also provide Department Heads areas in which they may wish to gain additional coaching and/or continuing education.

1. Name of Department Head that you are reviewing: \_\_\_\_\_
2. Your name: \_\_\_\_\_  
(This information will be kept confidential from the employee that you are reviewing)
3. Do you interact with this employee on a regular basis?  
yes / no  
Comment \_\_\_\_\_
4. How likely is it that you would be willing to give a positive reference for this employee?  
Not at all likely – Somewhat likely – Extremely likely  
Comment \_\_\_\_\_
5. How much attention to detail does this employee give when completing projects specifically for you?  
None – Some detail – Great detail - NA  
Comment \_\_\_\_\_
6. Does this employee usually meet your deadlines?  
yes / no / na  
Comment \_\_\_\_\_
7. Does this employee communicate well with you?  
yes / no / na  
Comment \_\_\_\_\_
8. Based on your experience, does this employee behave professionally?  
yes / no / na  
Comment \_\_\_\_\_
9. Does this employee collaborate well with your employees and department?  
yes / no / na  
Comment \_\_\_\_\_

10. Overall, how effective is this employee at his/her job?  
Not at all – Somewhat effective – Extremely effective  
Comment \_\_\_\_\_
11. Do you feel respected by this employee?  
Yes or no  
Comment \_\_\_\_\_
12. How well does this employee handle criticism?  
Not well – Somewhat well – Extremely well – NA  
Comment \_\_\_\_\_
13. Do you trust this employee?  
Yes or no  
Comment \_\_\_\_\_
14. How quickly does this employee follow up on requests for you?  
Not at all quickly – Somewhat quickly – Extremely quickly  
Comment \_\_\_\_\_
15. Is the impact of this employee on the City of Manitowoc and the overall work environment positive, negative or neither?  
Negative – Neither – Positive  
Comment \_\_\_\_\_
16. What does this employee need to do to improve his/her performance?  
Comment \_\_\_\_\_
17. Please list any areas in which this employee is doing particularly well and/or provide positive feedback about this employee.  
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