



St. Xavier's College Jaipur

(Affiliated to the University of Rajasthan, Jaipur)
Accredited with A Grade by NAAC (First Cycle, 2024)
An ISO 14001:2015 Certified Institution



Academic Year 2024-25

STAFF PEER FEEDBACK

(DEPARTMENT/ COMMITTEE / CELL / CLUB FEEDBACK FORM)

PART A- Feedback Related to General Behaviour

Feedback for (Name of the Staff: _____)

Please mark the number that applies using the scale from 5 to 1 (5 = excellent; 4 = very good; 3 = good; 2 = average; 1 = poor)

01. He/she communicates clearly and respectfully with colleagues, Superiors and students.

5	4	3	2	1
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02. He/she is helpful, cooperative and listens to the Colleagues/ Supervisors/ co-workers as necessary.

5	4	3	2	1
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03. He/she works proactively, demonstrates effective leadership as necessary and takes initiatives when required.

5	4	3	2	1
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04. He/she deals appropriately with confidential information.

5	4	3	2	1
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05. He/she maintains certain relevance and professionalism in his/her official work and communication with others.

5	4	3	2	1
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PART B- Feedback Related to Role and Responsibilities Assigned by the Institution to the Department/ Committee/ Club/ Cell.

Name of the Unit of the person for whom feedback is submitted:

Please mark the number that applies using the scale from 5 to 1 (5= Highly Satisfied; 4 = Satisfied; 3 = Neutral; 2 = Dissatisfied; 1 = Highly Dissatisfied)

01. Designation of the person for whom you are giving feedback in the Committee / Cell / Club

- a. Head/Coordinator/ Convener
- b. Co-Coordinator/ Assistant Coordinator
- c. Member

02. Are you satisfied with the functioning of the person in the said unit?

5	4	3	2	1
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03. Rate the level of your satisfaction in terms of the mode of communication & Information sharing within the unit.

5	4	3	2	1
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04. Does the person work systematically and with proper planning to meet the deadlines in the Department/Committee/Cell/Club?

5	4	3	2	1
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05. Does the individual function well by delegating various responsibilities equitably within your Department/committee/Cell/Club?

5	4	3	2	1
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06. Rate your level of satisfaction about the overall functioning of the person in the Department/Cell/Club/committee for the Institutional growth.

5	4	3	2	1
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07. Suggestions to improve the functioning of the Department/ Committee/ Cell/ Club. (Write only once when giving the feedback for the Head/Coordinator of the unit)

08. In my opinion, the positive aspect of the person is: (1,2,3...)

09. In my opinion, the main areas for improvement of the person is: (1,2,3...)

Date:



Academic Year 2024-25

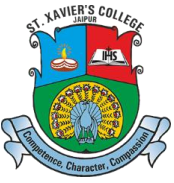
STAFF SELF-EVALUATION

PART A- Feedback Related to General Behaviour

Feedback for (Name of the Staff: _____)

Please mark the number that applies using the scale from 5 to 1 (5 = excellent; 4 = very good; 3 = good; 2 = average; 1 = poor)

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|---|
| 01. Do you communicate clearly and respectfully with colleagues, Superiors and students? | 5 | 4 | 3 | 2 | 1 |
| 02. Are you helpful, cooperative and listen to the Colleagues/ Supervisors/ co-workers as necessary. | 5 | 4 | 3 | 2 | 1 |
| 03. Do you work proactively, demonstrate effective leadership as necessary and take initiatives when required? | 5 | 4 | 3 | 2 | 1 |
| 04. Did you deal appropriately with confidential information? | 5 | 4 | 3 | 2 | 1 |
| 05. Do you maintain certain relevance and professionalism in your official work and communication with others? | 5 | 4 | 3 | 2 | 1 |
| 06. How satisfied are you with your performance in the concerned units? | 5 | 4 | 3 | 2 | 1 |
| 07. How satisfied are you with your teaching in the classroom? | 5 | 4 | 3 | 2 | 1 |
| 08. Are you satisfied with your contribution to the units? (<i>Mention the name of unit against any one or more of the responses given below</i>) | | | | | |
| a. Yes | | | | | |
| b. No | | | | | |
| c. Partially | | | | | |
| 09. Do you want to continue to work in the same unit(s) next year too? (<i>Mention the name of unit against any one or more of the responses given below</i>) | | | | | |
| a. Yes | | | | | |
| b. No | | | | | |
| 10. In which unit(s) would you like to work next year? (In order of preference: 1,2,3,4,5) | | | | | |



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11. In my opinion, my positive aspect(s) is/are: (1,2,3,4,5)

12. In my opinion, the main area(s) for improvement for me is/are: (1,2,3,4,5)

Date: