PINE GROVE COLLEGE OF EDUCATION

Employee feedback proforma

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Academic session: _____ Date: _____
Name (optional): _____
Programme / role: _____

Rate each item from 1 to 5: 1 Poor, 2 Fair, 3 Satisfactory, 4 Good, 5 Excellent. Use N/A if you cannot assess it.

Feedback item	Rating / N/A
1. Clarity of responsibilities	
2. Communication within the college	
3. Availability of tools and resources	
4. Workplace safety and accessibility	
5. Respectful and inclusive working environment	
6. Support for training and development	
7. Responsiveness to staff concerns	
8. Coordination between departments	

What worked well?

What should improve?

Submit the completed form to the college office. Personal identification is optional.