



# PAINTING IN PARTNERSHIP, INC.

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We Paint in Partnership with You  
www.paintpartner.com

## Team Feedback Form

Project Name \_\_\_\_\_ Date Completed \_\_\_\_\_ Employee Name \_\_\_\_\_  
Job # \_\_\_\_\_

	Scoring Key			Please Explain
	Did Not Work	Needs Improvement	Worked Well	
<b>Expectations:</b>	<b>1</b>	<b>2</b>	<b>3</b>	
On Time Set-up				
Timely Supplies & Tools				
Clarity of Expectations				
Adequacy of Budget				
<b>Results:</b>				
Pride in Finished Work				
Delight				
Respect & Appreciation				
New Learning				
	<b>Total</b>			

### Referral Status

Requested Referrals:

Yes  
No

Referral Potential:

Hot  
Good  
Poor

Names of referrals

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow up:

YES \_\_\_ NO \_\_\_

3/17/05