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**SECONDARY SOURCE FEEDBACK FORM**

**PROFESSIONAL EMPLOYEE**

      is a professional employee at SUNY Geneseo. He/she is performing the responsibilities of      . You have been identified as one who had a functional relationship with this professional employee during the period of        to       . To assist us in evaluating his/her performance, please respond to the following questions and provide a narrative summary of the quality of performance that you received from this employee. Please respond within ten (10) working days.

1. **Please mark the response that best describes your working relationship with this person:**

[ ] Little or infrequent direct interaction and/or use of services

[ ] Some direct interaction and/or use of services

[ ] Frequent or daily interaction and/or use of services

1. Provide examples of projects, activities, and/or interactions that support/reflect your experiences with the individual as it relates to his/her professional performance over this past year:

1. Describe areas of NOTABLE interaction and areas of effective performance:

1. Describe areas of performance you feel effectiveness could be increased:

Your comments may be included as part of the summary statement in the employee’s performance evaluation. Are you willing to have your name and specific comments released to the employee if requested?

[ ] Yes

[ ] No

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SIGNATURE DATE

**The Secondary Source Feedback Form is for informational purposes only and shall not be included as part of the formal Performance Evaluation document entered into the employee’s Official Personnel File.**