

Nonprofit Fundraising Staff Peer Assessment Form

Peer Information

Staff Member Being Assessed

Your Name

Date

Core Competencies Assessment

Competency	Rating (1-5)	Comments
Donor Communication	<input type="text"/>	<input type="text"/>
Collaboration with Team	<input type="text"/>	<input type="text"/>
Fundraising Initiative	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>
Data Management & Accuracy	<input type="text"/>	<input type="text"/>

Strengths

What are this staff member's greatest strengths?

Opportunities for Improvement

What areas could this staff member improve upon?

Additional Comments

Signature

Date