



M.O.S.C. COLLEGE OF NURSING , KOLENCHERY

Peer Review Form

Dear Sir/ Madam,

The following form contains the peer review form of faculty. Kindly fill up the following.

Name of the faculty :

| Sl. No. | Component | Rating | | | |
|---------|-----------------------------------------------|----------------|--------------|---------|------------|
| | | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 1 | Knowledgeable and resourcefulness | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 2 | Skillful | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 3 | Attitude | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 4 | Honesty / Integrity | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 5 | Punctuality | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 6 | Dedication / Commitment | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 7 | Inter Personal Relationships | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 8 | Leadership & Assertiveness | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 9 | Teamwork / Group Participation | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |
| 10 | Ability to accept suggestions and corrections | 4- Outstanding | 3- Excellent | 2- Good | 1- Average |