

Date: ..... Department: ..... Reviewer: .....

**STRENGTHS - What did we do particularly right?**

1.
2.
3.
4.

**How can we improve it?**

1.
2.
3.
4.

**WEAKNESSES – What did we do particularly wrong?**

1.
2.
3.
4.

**How can we prevent it from happening again?**

1.
2.
3.
4.