



Name: \_\_\_\_\_ Person giving feedback: \_\_\_\_\_

Please give me feedback by honestly marking the boxes below to indicate how you perceive that I listen to you. Please complete and return to me by: \_\_\_\_\_ (date). Thank you!

How often do I...	Choose one option:		
	Rarely	Sometimes	Often
Look down at my phone and seem distracted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Move around and fidget:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look at everything except you when you are talking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have a negative expression on my face:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide answers or responses before you finish speaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seem tuned out - like I don't nod or acknowledge that I'm getting what you're saying:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hijack your story and shift the focus to my own topic or story:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tap a pen, tap my foot, look away during the conversation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Score Box** *to be completed by owner of form*

Total: \_\_\_\_\_

If you have higher numbers in the "Often" and "Sometimes" columns, look over the specific areas and determine what you need to work on to become a better listener.