



EVALUATION FORM

Staff Name:		Date Prepared:					
Program:		Title:					
I. OCCUPATIONAL KNOWLEDGE AND PERFORMANCE		1	2	3	4	5	NA
		Exceeds	Excellent	Good	Fair	Poor	
A. Job Skills (List major job responsibilities)							
Daily, weekly charting and program reports							
Care Assessment, Needs and Progress							
Incident Reporting, including fall reports							
B. Quality of Work							
C. Communication Skills							
D. Response to Supervision							
E. Reliability							
F. Loyalty and Dedication							
G. Punctuality							
H. Mandatory Trainings Participation							
II. INTERPERSONAL SKILLS							
A. Relationship with clients							
B. Relationship with Supervisor							
Comments:							

Prepared by _____ Date: _____

Employee Comments:

Staff Signature _____ Date: _____

Director _____ Date: _____