

Staff Evaluation

Name _____ Date of Evaluation _____

Supervisors _____

	<u>needs</u>			<u>clear</u>	
	<u>improvement</u>			<u>strength</u>	
Attitude	1	2	3	4	5
Commitment	1	2	3	4	5
Motivation	1	2	3	4	5
Attendance	1	2	3	4	5
Communications	1	2	3	4	5
Professionalism	1	2	3	4	5
Customer Service	1	2	3	4	5
Responsibilities	1	2	3	4	5

Strengths:

Weaknesses:

Ways to Improve:

Goals for next Semester:

Number of Absence Requests _____

Number of Incidents _____ and Reasons:

1. _____
2. _____
3. _____