



Support Staff Evaluation

Employee Name: _____ Employee Title: _____

Participant Working For: _____ Review Period: _____

Please rate the employee in the following categories. Mark an X in the column that reflects the employee's performance.

	Excellent	Satisfactory	Average	Not Satisfactory	Comments
Personal Interaction					
Promotes Physical and Emotional Well Being					
Professionalism					
Provides Person Centered Supports					
Integrity, Reliability and Dependability					
Respectful					
Maintains Confidentiality					
Advocacy					
Promotes Self Determination					

Is raise recommended? Yes _____ No _____

Date Effective: _____ New Pay Rate: _____ New Title Change: _____

- Please make sure timesheet reflects correct title to ensure continuity of pay rate going forward

Additional Comments:

Employee Signature / Date

Supervisor Signature / Date