EVALUATION FOR SELF-DIRECTED SUPPORTS EMPLOYEES

EMPLOYER:	DATE:
EMPLOYEE:	
Length of time on the job:	
1. Ability to do the job:	
2. Willingness to do the job:	
3. Keeps personal Employer information private:	
4. General attitude while at work:	
5. Dresses with safety and modesty in mind:	
6. Comes to work when scheduled and on time:	
7. "I really like that you"	
8. "I need you to work on"	
9. Other comments:	
Employee Comments:	
Signature of Employee	Date
Signature of Employer	- Date

Jean Gottwald, Fiscal Agent 673 4th Ave N; Park Falls, WI 54552 Email: jean.gottwald@gmail.com

Phone: 715-661-9101 888-689-7798 Fax: 715-744-4999