

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