

Social Service Solutions, Inc.

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EMPLOYEE EVALUATION

Employee Name: _____ Location and Date of Assignment: _____

We would appreciate any feedback you would give us. Please feel free to either mail or fax this form to our office.

1. The employee is punctual to assigned shifts. If late, did employee notify you? Yes or No
 N/A Never Sometimes Usually Almost Always Always
2. The employee communicates with everyone in an appropriate and respectful manner.
 N/A Never Sometimes Usually Almost Always Always
3. The employee maintains appropriate boundaries with the person to whom he/she provides support.
 N/A Never Sometimes Usually Almost Always Always
4. The employee respects and maintains the privacy of the person to whom he/she provides support.
 N/A Never Sometimes Usually Almost Always Always
5. The employee treats the person to whom he/she provides support with dignity and respect.
 N/A Never Sometimes Usually Almost Always Always
6. The employee implements activities, tasks, etc. as discussed/planned.
 N/A Never Sometimes Usually Almost Always Always
7. The employee offers creative and appropriate suggestions/ideas about additional activities if applicable.
 N/A Never Sometimes Usually Almost Always Always
8. The employee is willing to learn new tasks and work in areas assigned.
 N/A Never Sometimes Usually Almost Always Always
9. The employee completes any notes and paperwork as appropriate
 N/A Never Sometimes Usually Almost Always Always

Please provide comments and examples to areas above.

Would you ask this employee to return to your program? Yes No

Can we share this evaluation with the employee? Yes No

Are there any additional training/skill development areas that you would recommend for this employee?

Please tell us overall how satisfied you are with Social Service Solutions, Inc. staffing services.

Would you recommend Social Service Solutions to others? Definitely No Probably Not Probably Definitely

Your Name: _____ Title: _____ Date: _____