



P.O. Box 273, White Marsh, MD 21162

Evaluation

Employer Name:	Supervisor:
Address:	Duties performed:
Phone:	Dates worked:
Employee's Name	

How did she / he perform in the following areas:

	Poor	Fair	Good	Excellent
Punctuality				
Attitude				
Quality of work				
Cooperation with staff				
Dress code				
Attendance				
Schedule adherence				
Relate to the patients				

If you had a staff opening would you consider this person as a likely rehire? If not, please explain why.

Additional comments:

We sincerely appreciate your comments and thank you for the time spent doing this brief performance appraisal. Please return it at your earliest convenience.