GRANT COUNTY CENTER MANAGER Employee_____ Supervisor_____ Date_____ to _____	Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished	**COMMENTS**
SKILLS						
A. Skills & knowledge necessary for job						
B. Interest in and time spent on improving skills and knowledge						
QUALITY OF PERFORMANCE						
A. Quality of work done						
1. Implementation of center program components						
2. Record keeping						
3. Confidentiality						
4. Program/Components Development						
5. Provide supervision/leadership to center						
B. Reliability 1. Attendance						
2. Punctuality						
3. Meeting deadlines						
C. Work Relationships 1. With other staff members						
2. With supervisor						
3. With parents/clients						
4. Outside of agency						

COMMENTS: (Regarding overall performance, changes in responsibilities or performance since last evaluation, employee career development interests, and improvements needed for advancement).

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Employee Supervisor Date

Employee signature indicates acknowledgment of this review, not agreement.

EMPLOYEE COMMENTS (regarding evaluation)

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