

WIC CERTIFIER/CLINIC MANAGER	Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished	COMMENTS
Employee _____						
Supervisor _____						
Date _____ to _____						

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 special services program						
2. Charting/Record keeping						
3. Confidentiality						
4. Assist with program development of special services						
5. Hemoglobin Procedure						
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).

Employee

Supervisor

Date

Employee signature indicates acknowledgment of this review, not agreement.

EMPLOYEE COMMENTS (regarding evaluation)
