

| RECEPTIONIST        | 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. Communication Skills          |  |  |  |  |  |  |
| 2. Written Correspondence        |  |  |  |  |  |  |
| 3. Office Duties                 |  |  |  |  |  |  |
| 4. Maintenance of orderly office |  |  |  |  |  |  |
| 5. Confidentiality               |  |  |  |  |  |  |
| B. Reliability                   |  |  |  |  |  |  |
| 1. Attendance                    |  |  |  |  |  |  |
| 2. Punctuality                   |  |  |  |  |  |  |
| 3. Meeting deadlines             |  |  |  |  |  |  |
| C. Work Relationships            |  |  |  |  |  |  |
| 1. With other staff members      |  |  |  |  |  |  |
| 2. With supervisor               |  |  |  |  |  |  |
| 3. With parents                  |  |  |  |  |  |  |
| 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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