

FAMILY ADVOCATE/ PARENT INVOLVEMENT COORDINATOR Employee _____ Supervisor _____ Date _____ to _____						COMMENTS
	Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished	

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. Recruitment						
2. Program/Component Development						
3. Record keeping						
4. Confidentiality						
5. Identification/implementation of Social Service to families as needed						
6. Meetings (interagency, staffing's, parent meetings, PC.)						
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						
D. Overall Evaluation						

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

Date _____ Supervisor _____ Employee _____

Employee signature indicates acknowledgment of this review, not agreement.

EMPLOYEE COMMENTS (regarding evaluation)
