

HEAD START FAMILY ADVOCATE	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. Recruitment						
2. Program/Component Development						
3. Meetings (Interagency, H.V., parent meetings, etc.)						
4. Parent Involvement/Parent Education						
5. Identifies/implementation of Social Service to families as needed.						
6. Record keeping						
7. Confidentiality						
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).

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Employee Supervisor Date

Employee signature indicates acknowledgment of this review, not agreement.

**EMPLOYEE COMMENTS** (regarding evaluation)

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