

HEALTHY START FAMILY ADVOCATE Employee _____ Supervisor _____ Date _____ to _____	Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished	COMMENTS
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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. Utilizes resources in community to maximize clients needs						
4. Coordination of parent education and support programs						
5. Identifies/implementation of Social Service to families as needed.						
6. Record keeping/Month End reporting						
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).

Employee Supervisor Date

Employee signature indicates acknowledgment of this review, not agreement.

EMPLOYEE COMMENTS (regarding evaluation)