

WIC BREASTFEEDING PEER COUNSELOR

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. Effectiveness of counseling WIC clients on breastfeeding					
2. Contacts with WIC clients					
3. Record keeping					
4. 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					

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)

