

<b>WIC CERTIFIER/CLERK</b>	Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished	<b>COMMENTS</b>
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. Implementation of program regulations						
2. Record keeping						
3. Confidentiality						
4. Hemoglobin Procedure						
5. Anthropometric Procedure						
6. Nutrition Education						
7. Participant intake						
8. Food Instrument Issuance						
9. Scheduling of appointments/classes						
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)

\_\_\_\_\_  
 \_\_\_\_\_