| **WIC CERTIFIER**<br>Employee_____<br>Supervisor_____<br>Date_____ to _____ | Unacceptable | Marginal Performance | Competent Performance | Commendable Performance | Distinguished | **COMMENTS** |
|---|---|---|---|---|---|---|
| **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<br>1. Implementation of program regulations | | | | | | |
| 2. Record keeping | | | | | | |
| 3. Confidentiality | | | | | | |
| 4. Hemoglobin Procedure | | | | | | |
| 5. Anthropometric Procedure | | | | | | |
| 6. Nutrition Education | | | | | | |
| B. Reliability<br>1. Attendance | | | | | | |
| 2. Punctuality | | | | | | |
| 3. Meeting deadlines | | | | | | |
| C. Work Relationships<br>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).

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Employee Supervisor Date

Employee signature indicates acknowledgment of this review, not agreement.

**EMPLOYEE COMMENTS** (regarding evaluation)

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