

WIC CERTIFIER/CLINIC MANAGER

Employee _____

Supervisor _____

Date _____ to _____

Unacceptable	Marginal Performance	Competent Performance	Commendable Performance	Distinguished
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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

1. Implementation of program regulations

2. Record keeping

3. Confidentiality

4. Hemoglobin Procedure

5. Anthropometric Procedure

6. Nutrition Education

7. Vendor/Participant Complaints

8. Supervision

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)

