

## Evaluation of Provider

	<b>1 Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5 Superior</b>
Follows work schedule					
Reports to work on time					
No excessive absences					
Gives appropriate notice for absences					

Job knowledge					
Follows instructions					
Takes initiative/Self starter					
Performs tasks thoroughly and in a timely manner					

Demonstrates respect for you & your ability to make decisions					
Takes feedback					

Open to suggestions					
Communicates well					
Positive attitude					
Trustworthy					
Patient					
Willing to learn					

**Strengths:**

**Recommendations for Improvement:**

**Other Comments:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
**Consumer Signature**