



YOUTH INTERVENTION WORKER

Employee Performance Review

EMPLOYEE INFORMATION	
Name	April Chapman
Employee ID	
Job Title	Youth Intervention
Date	Oct 27, 2020
Department	mcys YI
Manager	Chantelle Johnson
Review Period	Sept 6, 2020 - Oct 27, 2020

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	STUDY DURING OFF TIME.				
Work Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Attendance/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments					
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Comments	COMES UP WITH GOOD IDEAS FOR EVENT NIGHTS, YOUTH				
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Comments	NEEDS TO COMMUNICATE A LITTLE MORE IN EMAILS				
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Comments					
Overall Rating (average the rating numbers above)					

EVALUATION	
ADDITIONAL COMMENTS	
GOALS (as agreed upon by employee and manager)	will provide at a later time.

VERIFICATION OF REVIEW	
By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.	
Employee Signature	S Chapman
Date	Oct 27, 2020
Manager Signature	
Date	