FOOD SERVICES EMPLOYEE EVALUATION
Substitute/Part-Time/Full-Time

Name: _______________________________ School: _______________________________

Position: ____________________________ Status: [ ]Sub [ ]Part Time [ ]Full Time

Answer the following questions. Provide for any “NO” answers, and as necessary:

1) Has the individual’s punctuality on the job been acceptable?
   ___Yes ___No. Comments: ___________________________________________________________

2) Has the individual been pleasant to students and/or peers?
   ___Yes ___No. Comments: ___________________________________________________________

3) Has the individual’s appearance and hygiene been acceptable?
   ___Yes ___No. Comments: ___________________________________________________________

4) Does the substitute maintain a positive attitude?
   ___Yes ___No. Comments: ___________________________________________________________

5) Does the individual relate well to others and work as a team member?
   ___Yes ___No. Comments: ___________________________________________________________

Other Comments:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Evaluated By: ____________________________ Evaluation Date: ____________

Following to be completed by the Food Services Director

Results of the Review:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Reviewed By: ____________________________ Date: ____________