

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:** _____