**CUSTOMER PERFORMANCE EVALUATION OF THEIR STAFF**

|  |  |  |
| --- | --- | --- |
| **EMPLOYEE INFORMATION** | | |
| Employee Name | | |
| Review Period 90 Day Review Annual Review Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Review Period \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_ | | |
| **CUSTOMER COMMENTS**  As a customer receiving support services from Community Options, Inc., your satisfaction with those services is of the utmost importance to us. One of the ways in which you can express your satisfaction level with these services is to be involved in your staff's performance evaluation. At this time, we would like to give you the opportunity to rate your satisfaction with the staff listed above, by completing the following questions. Thank you for your contribution to this process. | | |
| **QUESTIONS** | **YES/ NO** | **COMMENTS** |
| Are you satisfied with the support services that you receive from this staff? | Yes  No |  |
| What things do you like about this staff? | Yes  No |  |
| Are there things that this staff does that you don’t like? | Yes  No |  |
| Do you want this staff to continue to work with you? | Yes  No |  |
| **CUSTOMER SIGNATURE** *Provide signature of the person who evaluated this staff*  Customer’s Signature Date of Signature  Assisted By Name and Title Signature  Family/Guardian Name Signature | | |
|  | | |
| **SUPERVISOR/STAFF REVIEW AND SIGNATURE** | | |
| This evaluation provided by the customer this staff supports was reviewed with the staff.    Staff Signature Date of Signature  Supervisor’s Signature Date of Signature | | |