

# Evaluation Feedback Form for L.E.A.S.E. Professional Staff

Employee \_\_\_\_\_

How many professional contacts have you had with this individual this year? \_\_\_\_\_

Do you feel this person has made an adequate number of contacts with you and/or your staff this year?

YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain below as part of your comments.

Comments

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Rating:      \_\_\_\_\_Excellent      \_\_\_\_\_Satisfactory\*      \_\_\_\_\_Unsatisfactory\*

\*Please include some clarifying remarks above if this is checked. Comments relative to excellent performance are also appreciated.

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.

Signature of Evaluator \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
District

Please indicate any additional type(s) of assistance you or your staff would like to have from this member of the L.E.A.S.E. Professional Staff.

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Thank you for your assistance.