

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

Rating: _____Excellent _____Proficient _____Needs Improvement* _____Unsatisfactory*

*Please include some clarifying remarks above if this is checked. Comments relative to excellent and/or proficient 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.

Thank you for your assistance.