Weekly Staff Eval Form



For Weekly Evals of Assigned Staff Members Only fill out one staff member at a time.



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#8a. How is the staff member's dependability and/or responsibility? (1-10) *
0 = N/A, 1 = Needs immediate improvement, 10 = Dang! They are amazing!
0 1 2 3 4 5 6 7 8 9 10
Inadequate O O O O O O O Exceptional
#8b. Give specific tangible examples to support your choice for question #8a.
Optional unless choosing 1-5 or 8-10 for #8a.
#9a. How is the staff member's ability within the activity area? (1-10) (Only the activity area director needs to answer this question
0 = N/A, 1 = Needs immediate improvement, 10 = Dangl They are amazingl
0 1 2 3 4 5 6 7 8 9 10
Inadequate O O O O O O O Exceptional
#9b. Give specific tangible examples to support your choice for question #9a.
Optional unless choosing 1-5 or 8-10 for #9a.

10. Please summarize your impression of this staff member in no more than three sentences. *
Try to use concrete details the refer to examples listed in your above responses if possible.
11. What is at least one tangible action that the staff member can do to be a stronger staff member/counselor for Camp? * Does not need to be a correction of a negative, can also be an extension of a positive action.

After you click submit...

Click the link that says "submit another response" to start entering your next staff evaluation.

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