

Introduction to Occupations

Team Leader / Supervisor – Evaluation

Name of Supervisor _____

Name of Evaluator _____

A. Directions:

1. Each team member, including the supervisor, will complete this evaluation form every ten (10) weeks. These
2. Return this evaluation to the company management upon completion.
3. This is a confidential evaluation and should not be shared with anyone other than company management.

B. Evaluation Criteria – Please rate your supervisor on the following items.

	Not done		Poor		Good		Exc
	Very poor		Fair		Very good		
1. Actively leads the company in group activities.	0	5	6	7	8	9	10
2. Encourages quality performance among all team members.	0	5	6	7	8	9	10
3. Ensures that all staff jobs are done.	0	5	6	7	8	9	10
4. Warns team members of overdue / missing work.	0	5	6	7	8	9	10
5. Dependable – Completes own classroom work in time.	0	5	6	7	8	9	10
6. Fair and unbiased – Treats all members fairly.	0	5	6	7	8	9	10
7. Confident with own ability.	0	5	6	7	8	9	10
8. Punctual	0	5	6	7	8	9	10

C. Comments

Please provide the Company Management with other feedback that you think will be helpful in evaluating the job performance of your supervisor.