

STEP

Senior Tax Exchange Program

Evaluation by Teacher or Staff Supervisor

(Please return to _____ within one week of work completion. Information will be kept confidential.)

STEP Worker Name: _____ Date: _____

Description of assignment: _____

Work location: _____ Supervisor Signature _____

Was the employee:

a. dependable	Always	Usually	Sometimes	Never
b. compatible with staff	Always	Usually	Sometimes	Never
c. compatible with students	Always	Usually	Sometimes	Never
d. enthusiastic, energetic	Always	Usually	Sometimes	Never
f. followed directions	Always	Usually	Sometimes	Never
g. neat and orderly	Always	Usually	Sometimes	Never

1. Did you find the support of the STEP worker beneficial? ____ Yes ____ No
Explain:

2. Do you feel the students appreciated the STEP worker's help? ____ Yes ____ No
Explain:

3. Other comments and/or impressions regarding this STEP worker's assistance:

4. Is there any position you feel would be a better fit for this worker than this one? What?

5. Do you recommend that this worker continue in STEP? ____ Yes ____ No

6. How can we improve the STEP program?
