

Teleworker Performance Evaluation

Teleworker's name: _____

How often do you currently communicate with your teleworker? (Regular communication is essential to successful teleworking arrangements.)

	At least once a day	2-4 times a week	About once a week	About once a month	Less than once a month	Not applicable
A. In person—scheduled meetings	<input type="checkbox"/>					
B. In person—informal meetings	<input type="checkbox"/>					
C. Formal memos	<input type="checkbox"/>					
D. Telephone calls	<input type="checkbox"/>					
E. Faxes or e-mail	<input type="checkbox"/>					
F. Instant messaging	<input type="checkbox"/>					

Indicate your agreement with the following statements. (High levels of agreement indicate a successful teleworker.)

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
A. This employee requires little supervision.	<input type="checkbox"/>					
B. This employee consistently meets deadlines.	<input type="checkbox"/>					
C. This employee successfully fulfills job duties while teleworking.	<input type="checkbox"/>					
D. This employee's job description fits very well with teleworking.	<input type="checkbox"/>					
E. Teleworking does not make work harder for this employee's co-workers.	<input type="checkbox"/>					

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Rate this employee's telework performance in the following areas.

	Excellent	Very good	Good	Meets minimum requirements	Needs improvement
A. Productivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Overall performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

