



PART-TIME EMPLOYEE EVALUATION

NAME		DATE	
TITLE		DEPT.	
PROFESSIONAL QUALITIES			
EXCELLENT	<u>G</u>OOD	<u>S</u>ATISFACTORY	<u>W</u>EAK
1. Communication Skills			
2. Tact and Judgment			
3. Professional Ethics			
4. Enthusiasm			
5. Initiative and Resourcefulness			
6. Problem Solving Ability			
7. Organization			
8. Co-operation/Adaptability			
9. Knowledge of Job			
10. Relates well to the public			
11. Relates well with co-workers			
12. Leadership Ability			
13. Loyalty to the Park District			
14. Possesses appropriate attitude that represents our agency			
PERSONAL CONDUCT			
1. Conduct and character			
2. Punctuality/Dependability			
3. Attendance Record			
4. Attitude			
5. Personal Appearance/Hygiene			
COMMENTS			
EVALUATOR (S)			
This signature indicates that a conference has been held and that the employee has seen, although not necessarily agreed with this evaluation.			
EMPLOYEE SIGNATURE			
DATE			
EVALUATOR SIGNATURE			
DATE			