

Montana Mental Health Nursing Care Center

Resident Work Program

Performance Evaluation

Name: _____ Job Site: _____

Date of Evaluation: _____ Completed by: _____

Scale:

1. Never a Problem
2. Occasionally a Problem
3. Frequently a Problem
4. Always a Problem

Category	1	2	3	4
Punctuality				
Attendance				
Personal Grooming & Hygiene				
Ability to Remain on Task				
Stamina				
Ability to Work Without Supervision				
Reaction to Constructive Criticism				
Interaction with Co-Workers				
Observation of Safety Rules				
Observed Health & Cleanliness Rules				
Work Speed				
Following Instructions				