

EVALUATION OF CAMP STAFF

Name:		Evaluation Date	/	/
	First Last			
	Position Years at Camp Cabin/Group			

Rating Scale: 3 = Excellent	2 = Met Expectations	1 = Needs Improvement
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Staff Expectations	Rating	Comments (as necessary)
<i>General Job Performance:</i>		
Fulfilled scheduled commitment at camp		
Attended orientation and training sessions		
Assisted with setup, check-in and closing activities		
Exhibited strong knowledge of asthma		
Active participant in chart development/review		
Accomplished curriculum goals		
Effective teaching style and interaction with campers		
Accurate and complete documentation		
Aware of behavioral and medical needs of assigned campers		
Thorough parent/camper correspondence		
Functions well under stress		
Demonstrated overall professionalism		

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<i>Interpersonal and Organizational Skills:</i>	Rating	Comments (as necessary)
Demonstrated good leadership skills		
Acted as mentor for new staff (if applicable)		
Demonstrated good communication skills		
Interaction with camp staff		
Interaction with campers		
Participated in cabin/group activities		
Maintained an overall positive attitude		
Self-starter/Self-motivated		
Adaptable/Flexible		
Responsible/Reliable		
Organized/Detail oriented		
Solution oriented		
Works well with diversity		

Comments: _____

 Supervisor Signature Date

 Staff Signature Date