

**Floater
PERFORMANCE EVALUATION**

Employee Information			
Name:			
Job Title:	Floater	Date:	
Student Completing Evaluation			
Review Period:	Fall Semester 20	Spring Semester 20	

Ratings						
	(1) *	(2) *	(3)	(4)	(5) *	
* Any item that is rated a 1 or 2 or 5 requires a comment <small>(see on-line guidelines for appropriate ratings)</small>	Unsatisfactory	Improvement Needed	Meets Expectations	Superior	Exceptional	Not Applicable
1. Floater/Night Clerk responds to pages in a timely fashion.						
<i>Comments:</i>						
2. Floater/Night Clerk assists me in the way that I request.						
<i>Comments:</i>						
3. Floater/Night Clerk transfers me in a safe manner, using correct body mechanics.						
<i>Comments:</i>						
4. Floater/Night Clerk responds to pages in a friendly manner.						
<i>Comments:</i>						
5. Floater/Night Clerk is easy to find to request assistance when the pager is not used.						
<i>Comments:</i>						
6. Floater/Night Clerk willingly assists when personal assistant does not show up for scheduled shift (after student follows proper contact procedures)						
<i>Comments:</i>						
7. Floater/Night Clerk willingly assists when any toileting situation arises.						
<i>Comments:</i>						
8. Floater/Night Clerk asks questions and seems eager to work and learn how to best assist.						
<i>Comments:</i>						
9. Night Clerk assists with turning in a professional manner, using proper body mechanics.						
<i>Comments:</i>						
Overall Rating (average the rating numbers above):						
<i>Rehire next semester</i>			<i>Do not rehire next semester</i>			
If you checked "Do not rehire" please provide reasons:						

Name: _____

Evaluation

Strengths:

Areas of Growth:

Additional Comments:

All comments and ratings will be shared with the floater/night clerk as an aggregate evaluation of all those Beckwith residents using the services of the floater/night clerk who complete the evaluation for the identified semester.

Please sign below.

Student Employer Signature

Date