EDUStaff

"Innovative Substitute Staffing Solutions For a Better Classroom"

Employee Performance Feedback

School District/College Name: _____

Building Name: _____

Name of EDUStaff Employee: _____

Date of Assignment: _____ **Confirmation Number (if applicable):** _____

Is this feedback positive ☐ or negative ☐?

Positive feedback: Please describe the positive actions performed by the EDUStaff employee. This positive feedback will be communicated to the employee.

Negative feedback: Please describe the incident that has occurred. Use as much detail as possible and attach additional pages if necessary. Refer to students/staff as "witness 1", "student 1", etc. **All information included in this section will be disclosed to the employee.**

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Teacher/Instructor signature for positive feedback: _____

Date: _____

If the feedback is negative, what disciplinary action do you want EDUStaff to take?

Send **only** a written warning to EDUStaff employee.	**Yes** ☐	**No** ☐
Exclude the EDUStaff employee from this **building**.	**Yes** ☐	**No** ☐
Exclude the EDUStaff employee from the entire **district or college**.	**Yes** ☐	**No** ☐

Administrator/Human Resources Signature: _____

Date: _____

If you have any questions regarding this form, please contact EDUStaff at 877-974-6338. Please email this form to HR at EDUStaff, humanresources@edustaff.org or fax to 877-974-6339.