

New Relief Employee Service Assessment



To be completed at the end of the Employee Trial Shift/s.

Employee Name:				
Employee Role:		Service:		
Assessment Conducted by:			Date/s:	
Assessors Role:			Signature:	

Please Tick the box next to the corresponding answer.

1. Responds well to direction

Always	<input type="checkbox"/>	Mostly	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Never	<input type="checkbox"/>
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2. Uses initiative appropriately

Always	<input type="checkbox"/>	Mostly	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Never	<input type="checkbox"/>
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3. Engages well with children

Always	<input type="checkbox"/>	Mostly	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Never	<input type="checkbox"/>
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4. Able to provide verbal and written observations

Always	<input type="checkbox"/>	Mostly	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Never	<input type="checkbox"/>
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5. Supervision skills

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Needs Improvement	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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6. Understanding of and ability to assist with the implementation of the program

Excellent	<input type="checkbox"/>	Good	<input type="checkbox"/>	Average	<input type="checkbox"/>	Needs Improvement	<input type="checkbox"/>	Poor	<input type="checkbox"/>
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7. Collaborative, co-operative and respectful

Always	<input type="checkbox"/>	Mostly	<input type="checkbox"/>	Sometimes	<input type="checkbox"/>	Rarely	<input type="checkbox"/>	Never	<input type="checkbox"/>
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Areas requiring additional support

Any other comments to facilitate development

Overall performance summary – please circle the number above the corresponding answer

1	2	3	4	5
Greatly below expectations	Below expectations	Met expectations	Exceeded expectations	Greatly exceeded expectations