

## 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. To disclose information to EDUStaff that you do not want released to the employee, please attach a separate sheet with this information.**

---

---

---

---

---

---

---

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. Please email this form to your EDUStaff representative or fax to 877-974-6339.