

Worksite Feedback Form

School District/College Name: _____

Building Name: _____

EDUStaff Employee's Name: _____

Date of Assignment: _____ Confirmation Number: _____

Were the lesson plans clear? _____ If no, please explain. _____

Did you arrive to the assignment on time? _____ If no, please explain. _____

Was there a situation that occurred where you needed assistance? _____

If so, please explain. _____

General comments about the day: _____

Signature: _____

Date: _____

If you have any questions regarding this form, feel free to contact EDUStaff
You may email the form to contact@edustaffonline.com or fax to 877-974-6339

