

Employee Performance Feedback

School District/College Name: _____

Building Name: _____

Name of Edustaff Employee: _____ **Employee EID:** _____

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.

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: _____