

S^D Associates LLC

Behavioral Services Assessment, Consultation, Training and Direct Service
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Assessment of Employee Supervisors

Name of Employee: _____ Date: _____

Name of Supervisor Being Reviewed: _____

This assessment is designed to obtain performance feedback from individuals who have ongoing contact with the supervisor. As an employee who reports to the supervisor being reviewed, you are required to complete this form. Your input is extremely important to our review process and in helping us evaluate our leadership team and determine what improvements are needed. Please take some time to complete this evaluation. Be as objective and as specific as possible. We ask that you return the completed form no later than 11.22.2023 and send to the Human Resources Department. If you have any questions regarding this process or completion of this form, please check with Human Resources. Thank you, Lesha and Ashley

Based on your own experiences in reporting to this individual please provide comments below:

Communication (type, frequency, is it beneficial or not)	
Day to Day support (what this looks like, what works or does not?)	
What are ways that your supervisor could better support <u>you</u>.	
What things should your supervisor continue to you that you find helpful.	

Employee Signature

Date