

**SPECTRUM**  
 Society for Community Living  
 3231 Kingsway – Vancouver, B.C. V5R 5K3  
 Phone (604) 323-1433 Fax (604) 321-4144 www.spectrumsociety.org

**SENIOR STAFF EVALUATION: SUPERVISOR SUMMARY**

*The “Senior Staff Evaluation” is used for the second and subsequent annual CSW evaluations. There are two parts to the evaluation: the peer feedback and the supervisor summary. The supervisor presents both parts of the evaluation to the employee.*

Employee’s name:	Program:
Start date with Spectrum:	Current position since:
Evaluation completed by:	Date completed:

Follow-up on goals from last evaluation:

**Rating scale: 1 = Always 2 = Usually 3 = Sometimes 4 = Never N/A = Not Applicable N/O = Not Observed**

<b>1. Overall Job Performance</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>N/O</b>
Demonstrates compliance with Spectrum’s Code of Conduct and with all aspects of the job description for this position.						
<b>2. Staff-Client Interactions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>N/O</b>
Demonstrates appropriate interactions with clients and assists them to achieve their personal goals.						
<b>3. Teamwork</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>N/O</b>
Promotes and supports teamwork, serving as a role model to other staff as a senior team member.						
<b>4. Health and Safety</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>N/O</b>
Demonstrates understanding of all health and safety practices, including emergency and evacuation procedures.						
Demonstrates competence in identifying and reporting of critical incidents.						
Demonstrates competence in administering and recording of medications.						
<b>5. Maintenance and Records</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>N/A</b>	<b>N/O</b>
Completes all maintenance and record-keeping requirements to standards.						

Summarize strengths:

Recommendations / areas for improvement:

**Discuss and complete the following sections with the employee:**

Goals for the next year:
Goals for the next 3-5 years:
What training are you interested in taking over the next year? (After the first year of employment, full-time employees are eligible for \$150 training allowance)
Other comments:

\_\_\_ Review job description (see website “Job Postings” link for current versions of job descriptions)

\_\_\_ Copy of driver’s license on file? (if required for this position)

\_\_\_ Copy of driver’s abstract on file? (if required for this position)

\_\_\_ First aid certification up-to-date; copy on file?

\_\_\_ Employee contact information up-to-date in H/R files (mailing address, emergency contact)?

***Reminder to employee: please inform H/R if your address, phone number or emergency contact information changes.***

Employee sign to acknowledge receiving this evaluation:	Date:
Employee’s comments:	

Distribution: Original to Human Resources / Copy to Employee