

## 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: \_\_\_\_\_