**South Suburban Special Recreation Association**

**Supervisor Evaluation**

## Supervisor Name:

**Season: Today’s Date:**

**Program:**

**Evaluator:**   **Position:**

**A performance evaluation will be completed by the recreation leader, on all supervisors at the end of each program of the season. This form will be done by the program supervisor, and reviewed by the program coordinator.**

**Rating Scale:** 1 = poor, 2 = below average, 3 = average, 4 = above average, 5 = excellent,

 NA = not applicable

1. How prepared for the program was the supervisor? 1 2 3 4 5 NA

2. How prepared was the supervisor for the participants? 1 2 3 4 5 NA

3. Did the supervisor give you enough information about the participant(s) you were working with?

 1 2 3 4 5 NA

4. Did the supervisor communicate all of the program expectations prior to the program? 1 2 3 4 5 NA

5. How knowledgeable was the supervisor about the program activities?

 1 2 3 4 5 NA

6. How effective was the leadership style of the program leader? 1 2 3 4 5 NA

7. Did the supervisor follow all SSSRA policies? 1 2 3 4 5 NA

8. How was the supervisors’ communication with parents/guardians?

 1 2 3 4 5 NA

9. How was the supervisors’ communication with staff? 1 2 3 4 5 NA

10. If you marked 1 or 2 on any of the previous questions, please give examples or explain.

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11. What additional information would have been helpful prior to the start of the program?

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12. What are the supervisors’ strongest points?

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13. In what areas would you like to see the supervisor improve upon?

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13. Additional Comments:

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Recreation Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Heather/Supervisor Eval