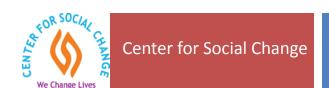


## Annual Contract/ Performance Evaluation Contractual Agencies / Consultants

Contractor Name:		Date of E	valuation:			
Agency Name:		Date of La (If applica	ast Evaluation: able)			
Reporting to:		Position T	itle:			
<b>Directions:</b> Please indicate the appropriate level of performance for each of the following categories. For each rating please cite specific Examples at the end of the form, and also cite recommendations and improvements.						
			Scale			
Categories	Unsatisfactory 1	Below Expectation 2	Meets Expectation 3	Above Expectation 4	Outstanding 5	
Initiative: Acts independently in new as well as in everyday situations; understands what needs to be done and does it without being told.						
Communication Skills: Ability to communicate issues and ideas effectively to Admin staff.						
Dependability: Communicates schedule of services and provides services as defined by the contract.						
<b>Flexibility:</b> Effectiveness in adapting to changes in work responsibilities.						
<b>Quality:</b> Freedom from errors and mistakes, accuracy, and general quality of work.						
<b>Documentation:</b> Provides accurate documentation on time as specified by the contract.						
<b>Team Work:</b> Effectiveness in completing tasks in conjunction with CSC Staff.						
Commitment to Individuals: Dedication in assisting individuals in achieving their goals and looking after their wellbeing.						
Cultural Competency: Demonstrate awareness and respect towards individuals served.						
Comments/Assessment of Prior Year Improvement Objectives/Next Year Performance Objectives (By Above Categories): (To Be Completed By CSC Representative According to Categories Above):						
Objective # 1 :						



## Annual Contract/ Performance Evaluation Contractual Agencies / Consultants

Comments (To Be Completed By Contractor According to Categories Above):				
Director's Name:	Signature:	Date:		
Chief Operating Officer:	Signature:	Date:		