



<b>Contractor Name:</b>		<b>Date of Evaluation:</b>	
<b>Agency Name:</b>		<b>Date of Last Evaluation: (If applicable)</b>	
<b>Reporting to :</b>		<b>Position Title:</b>	

**Directions:** 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.

Categories	Scale				
	Unsatisfactory 1	Below Expectation 2	Meets Expectation 3	Above Expectation 4	Outstanding 5
<b>Initiative:</b> Acts independently in new as well as in everyday situations; understands what needs to be done and does it without being told.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communication Skills:</b> Ability to communicate issues and ideas effectively to Admin staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dependability:</b> Communicates schedule of services and provides services as defined by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility:</b> Effectiveness in adapting to changes in work responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Quality:</b> Freedom from errors and mistakes, accuracy, and general quality of work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Documentation:</b> Provides accurate documentation on time as specified by the contract.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Team Work:</b> Effectiveness in completing tasks in conjunction with CSC Staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Commitment to Individuals:</b> Dedication in assisting individuals in achieving their goals and looking after their wellbeing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Cultural Competency :</b> Demonstrate awareness and respect towards individuals served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 :

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Center for Social Change

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