

2013-2014 PERFORMANCE EVALUATION

FOSTER GRANDPARENT PROGRAM

MISSOULA *aging* SERVICES

Senior Corps, Foster Grandparent Program  
337 Stephens Ave. Missoula, MT 59801  
460-728-7682 office 406-728-7687 fax  
[fgpscp@missoulaagingservices.org](mailto:fgpscp@missoulaagingservices.org)

Foster Grandparent Name:

Instructions to the Volunteer Manager / Teacher: Please conduct the Performance Evaluation with the volunteer and share comments, concerns and ideas with them. Provide examples in the comment section for scores of “1”, “2” or “5”. Please make sure you both have signed the evaluation prior to returning it to Missoula Aging Services. How do you get this form back to us? 1. Mail it in the envelope provided 2. Send it by fax to 728-7687 ATTN: ROB 3. Scan and send as a PDF to [fgpscp@missoulaagingservices.org](mailto:fgpscp@missoulaagingservices.org) Please be sure to return the evaluation to us on or before April 30<sup>th</sup>, 2015. Thank you for your partnership.

1. RESPONSIBILITIES OF POSITION:

1=Does Not Meet Expectations 2=Needs Attention 3=Meets Expectations 4=Excellent 5= Exceeds Expectations NA = Not Applicable

1	2	3	4	5	NA	Recognizes and makes provisions for student individual needs
1	2	3	4	5	NA	Offers students opportunities for success
1	2	3	4	5	NA	Demonstrates flexibility and welcomes new ideas
1	2	3	4	5	NA	Assists in areas of need without direction
1	2	3	4	5	NA	Interacts positively with students
1	2	3	4	5	NA	Takes initiative and assumes responsibility
1	2	3	4	5	NA	Leads student toward self-control
1	2	3	4	5	NA	Respects teacher’s role as the primary leader in the classroom
1	2	3	4	5	NA	Respects substitute teacher’s role as the primary leader
1	2	3	4	5	NA	Attends monthly in-services hosted by Missoula Aging Services
1	2	3	4	5	NA	Attends training provided by the school / organization

TEACHER COMMENTS:

## 2. ATTITUDE/WORK HABITS:

1=Does Not Meet Expectations 2=Needs Attention 3=Meets Expectations 4=Excellent 5= Exceeds Expectations NA = Not Applicable

1	2	3	4	5	NA	Displays enthusiasm for working with students
1	2	3	4	5	NA	Demonstrates tact, compassion and empathetic concern for others
1	2	3	4	5	NA	Punctual and responsible in attendance
1	2	3	4	5	NA	Follows school / organization policies, procedures and rules
1	2	3	4	5	NA	Reliable and shows initiative
1	2	3	4	5	NA	Maintains a proper and professional appearance
1	2	3	4	5	NA	Demonstrates professionalism while serving
1	2	3	4	5	NA	Is a role model
1	2	3	4	5	NA	Behaves ethically with parents, visitors and staff
1	2	3	4	5	NA	Fosters professional cell phone etiquette

### TEACHER COMMENTS:

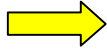
## 3. STAFF/PUBLIC RELATIONS:


1=Does Not Meet Expectations 2=Needs Attention 3=Meets Expectations 4=Excellent 5= Exceeds Expectations NA = Not Applicable



1	2	3	4	5	NA	Uses pleasant, friendly voice
1	2	3	4	5	NA	Greets parents and student's positively
1	2	3	4	5	NA	Does not engage in gossip
1	2	3	4	5	NA	Allows for positive open communication between self and supervisor
1	2	3	4	5	NA	Fosters respect of self, others and property
1	2	3	4	5	NA	Accepts constructive criticism
1	2	3	4	5	NA	Respects confidentiality

### TEACHER COMMENTS:

Teacher, Missoula Aging Services assumes your professional relationship will continue with the volunteer unless you indicate differently. Please inform the volunteer during evaluation whether you will or will not host them in your classroom next school year. Check one box below and indicate reason if you will not be utilizing the volunteer next school year:

-   Yes, I would like the volunteer to return to my classroom next school year. I will contact them to arrange a schedule in the fall.
- No, the volunteer will not be returning to my classroom next school year because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

 FOSTER GRANDPARENT; DO YOU HAVE ANY SUGGESTIONS OR COMMENTS FOR YOUR TEACHER/VOLUNTEER STATION MANAGER?  
(MORE ROOM ON BACK OF PAGE):

This Performance Evaluation has been reviewed by the Foster Grandparent and Teacher.	
 _____ Teacher Signature	_____ Date
 _____ Foster Grandparent Signature	_____ Date
<input type="checkbox"/> Teacher, check here if you would like a follow up appointment or phone consultation with Missoula Aging Services Staff regarding this evaluation.	