

River Valley Child Development Services Program Directors 3-Month Self Evaluation

Name: _____

Date: _____

1. Do you have any question about what is expected of you on the job? _____

2. What areas of your position are unclear to you? _____

3. What areas of your position do you find satisfying? _____

4. What areas of your position do you find unsatisfying? _____

5. Are there areas of your position in which you feel you need additional training? _____

6. What areas of professional growth would you like to develop? _____

Action Plan For Above Concerns (1 Through 6)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Short Terms Goals:

1. _____

2. _____

Program Directors Comments: _____

RVCDS Executive Directors Comments: _____

Program Directors Signature: _____

RVCDS Executive Directors Signature: _____