

**RVCDS Executive Director's
3-Month Evaluation of
Program Director**

Date: _____

Program Director: _____

RVCDS Program: _____

RVCDS Mission & Vision: _____

Ethics: _____

Personal Qualities: _____

Use of Resources: _____

Work Performance: _____

Contribution to RVCDS Management Team: _____

Strengths: _____

Weaknesses: _____

Program Director's Signature: _____

RVCDS Executive Director's Signature: _____