



River Valley Child Development Services

Program: WVECTCR

Supervisor: _____

Supervisor Annual Evaluation Checklist

Tasks to be completed	Completed Accurately	Completed Timely	Completed After Due Date	Not Completed	N/A
ANNUALLY					
Worked collaboratively with director on staff ISDPs and turned in to director by July 15 th of each year					
Followed all grant deadlines					
MONTHLY					
Statistics completed and turned in by the ____ of each month					
Travel forms completed and turned in by the 6 th of each month					
Conducted monthly unit meetings					
OTHER					
90 day staff evaluations completed and turned into director two (2) weeks prior to completion of 90 day period					
Facilitated scheduling of part 2 of orientation two (2) weeks prior to completion of 90 day period					
Timesheets for staff and themselves completed and turned in to director by noon on Tuesday or designated time for each pay period					
Leave forms for staff and themselves completed and turned in to director in advance					
Returned e-mails and phone messages within 72 hours unless on vacation/sick leave					
Oversaw the orientation and training of new staff, as needed					



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Comments: _____

Supervisor Signature

Date

Director Signature

Date