



SUBJECT EVALUATION FORM

Subject Evaluation Form

Subject Information

Name		DOB	
Nationality		Health Status	
Occupation		Marital Status	
Annual Income			

Ratings

	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent
Rate Your Level of Social Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Rate Your Level of Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Rate Your Level of Dedication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Rate Your Level of Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Rate Your Level of Work Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Rate Your Level of Honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments					
Are you a home owner?					

Evaluation

ADDITIONAL COMMENTS:

WHAT ARE YOUR GOALS?

Verification of Review

By signing this form, you confirm that you have signed the Criminal Background Check Authorization Form. Signing this form does not necessarily indicate that you agree with this evaluation.

Signature		Date	
Signature		Date	