

St. Clair County Community Mental Health
Supervisor Feedback

Name: _____ Program: _____ Date: _____

Instructions: If you have feedback you would like to share about your supervisor relative to any of the following competencies, please provide your comments in the spaces provided.

- A. Respect for Individuals (consistently treats all people with dignity and respect) _____
- B. Accountability (stands responsible for conduct, actions, and decisions) _____
- C. Continuous Improvement (ability and willingness to acquire necessary new information and skills)

- D. Communication (verbal and written communications are constructive, effective, respectful and clear)

- E. Teamwork (demonstrates ability and willingness to work cooperatively and effectively as part of a team) _____
- F. Job Knowledge/Skill (extent of job information and understanding possessed by supervisor) _____

- G. Job Performance Accuracy/Efficiency (ability to properly organize and carry out job duties completing a normal amount of work in a timely manner) _____
- H. Effectiveness (productivity or obtaining desired outcome) _____
- I. Judgment/Discretion (extent to which decisions and actions are based on sound reasoning and weighting of possible outcomes) _____
- J. Initiative (extent to which supervisor is self-starter in attaining job objectives) _____
- K. Job Attitude (amount of interest, enthusiasm, and positive intent shown on the job) _____
- L. Adaptability (extent to which supervisor adapts to changes in work situations) _____
- M. Follows Policies (demonstrates understanding of and adheres to policies) _____

Additional Comments: _____

Strengths: _____

Suggestions for Improvement: _____

Signature (Optional) _____

Please Forward Directly To _____ By _____