

2011 San Juan Island EMS Peer/Customer Review Form

Return To:	By:
Volunteer / Employee being reviewed:	Department:
Volunteer / Employee completing reviewed:	Department:
Person completing form is primarily (check one): <input type="checkbox"/> a Peer of the employee <input type="checkbox"/> a Primary Customer of the employee	

Instructions: Please provide written feedback on the following areas. If you do not have enough information to objectively evaluate performance in a given category, leave that category blank. Return the completed form to the employee's supervisor indicated above.

Question 1:

What does this volunteer / employee do well?

Question 2:

What are some things that this volunteer / employee could work to improve?