



## **Contractor Performance Feedback**

To be completed by Office Manager or Doctor

Employee Name:	Assignment Date:		
Doctor:	Location:		
In the space provided, please comment on work per	formance.		
	Exceeds	Meets	Needs Improvement
Interactive with staff:			
Technical skills:			
Communication skills:			
Willingness/Ability to follow through:			
Patient interaction:			
Infection control:			
Did he/she arrive on time and ready to work? Yes_	No		
Would you enjoy having him/her in your office again	? Yes	_No	
If no, please explain			
Comments:			
	_		
Employer Signature:		ate:	





