

Sequatchie Valley Head Start
Performance Note

Employee Name: _____ Position: _____
Work Station: _____ Direct Supervisor: _____
Date (week ending on): _____

Describe general activities this week:

Describe any training activities:

Note area(s) to improve:

Something good observed:

Signature of person(s) completing form

Employee Signature (optional)

Send weekly to HSO for all probationary employees and other with training needs. File at workstation.