



DISTRICT OF TIMISKAMING SOCIAL SERVICES ADMINISTRATION BOARD  
EMPLOYMENT PLACEMENT INITIATIVES PROGRAM - EMPLOYEE EVALUATION

Employment Placement Initiatives Program - Employee Evaluation Form

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employee Name: \_\_\_\_\_

S.I.N.: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

1. How is your job going?

\_\_\_\_\_

2. How many hours are you working per week? \_\_\_\_\_

3. Describe your relationship with co-workers:

\_\_\_\_\_  
\_\_\_\_\_

4. Describe your relationship with your supervisor:

\_\_\_\_\_  
\_\_\_\_\_

5. Since you began your employment have you needed to take time off?  Yes  No

If yes, describe reason: \_\_\_\_\_

6. What are the most positive aspects of the position?

\_\_\_\_\_

7. Do you have any concerns or problems with your position?  Yes  No

If yes, describe: \_\_\_\_\_

8. Do you feel that the training you received has been appropriate/useful to your position?

Yes  No

P.O. Box 6006  
290 Armstrong Street  
New Liskeard, Ontario  
P0J 1P0

Phone: (705) 647-7447  
(800) 627-2944  
Fax: (705) 647-5267

P.O. Box 310  
29 Duncan Avenue North  
Kirkland Lake, Ontario  
P2N 3H7

Phone: (705) 567-9366  
(888) 544-5555  
Fax: (705) 567-9492