

**St. Joseph Workers Program  
Mid-Year Evaluation  
Placement Supervisor**

**(\*\*\*Please share this evaluation with your SJW.)**

Date:

Name and Title of Supervisor:

Contact Information of Organization at which you are working

Organization Name:

Address:

Phone:

Name of St. Joseph Worker being supervised: (\*\*

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1. How has the SJW met your expectations up to this point? (please choose one)

**Adequately Met      Surpassed Expectations      Failed to Meet Basic Expectations**

**Comments:**

2. Please describe the objectives at your site. Does the SJW understand these objectives?

3. Has the SJW shown leadership qualities? If yes, please elaborate.

4. How has the SJW acclimated to your organization? How does she interact with staff and constituents?



