

TEMPORARY EVALUATION

We will forward all forms to the agency for review

CITY _____ DATE _____

SPEAKER _____

TEMPORARY NAME _____

TEMPORARY AGENCY _____

Rate on a scale from 0 to 5

5 = I always want to work with this temporary **0** = I do not want to work with this temporary again

_____ On time arrival

_____ Dress

_____ Initiative

_____ Organizational skills

_____ Ability to follow instructions

_____ Ability to work with seminar attendees

_____ Ability to work with hotel staff

_____ Work Ethic

_____ OVERALL EVALUATION (0-5)

Additional Comments:

Please complete a separate form for each temporary service employee.