

Senior Companion Program
 Benjamin Rose Institute on Aging
 11890 Fairhill Road
 Cleveland, OH 44120
 216.791.8000

VOLUNTEER PERFORMANCE EVALUATION

DATE: _____

VOLUNTEER: _____

VOLUNTEER STATION: _____

CASE MANAGER/LIASION: _____

The following scale evaluates the Senior Companion volunteer's performance as it relates directly to his / her service assignments.

Part A. To be completed by Liaison or case manager.

RATINGS: Unsatisfactory (1-2) Satisfactory (3-4) Outstanding (5) Not Applicable (N/A)

Quality or Skill	Unsatisfactory		Satisfactory		Outstanding	Not Applicable
	1	2	3	4	5	N/A
1) Adheres to SCP Policies & Procedures	1	2	3	4	5	N/A
2) Follows care plan	1	2	3	4	5	N/A
3) Reports changes to the liaison/case manager.	1	2	3	4	5	N/A
4) Accepts supervision	1	2	3	4	5	N/A
5) Functions as a team member	1	2	3	4	5	N/A
6) Shows sensitivity and Concern for clients	1	2	3	4	5	N/A
7) Demonstrates flexibility	1	2	3	4	5	N/A
8) Demonstrates initiative & leadership	1	2	3	4	5	N/A
9) Respectful of clients' privacy	1	2	3	4	5	N/A
10) Exercises good judgment	1	2	3	4	5	N/A
11) Is dependable	1	2	3	4	5	N/A
12) Is courteous and tactful	1	2	3	4	5	N/A
13) Demonstrates good attendance	1	2	3	4	5	N/A
14) Team player – gets along with others.	1	2	3	4	5	N/A
15) Timely with SCP paperwork	1	2	3	4	5	N/A



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Senior Companions
Make Independence a Reality

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Part B. To be completed by Liaison with the Senior Companion

Active Senior Companion Annual Goals: Please list clear and concise goals, which you and the Senior Companion agree upon for the following year.

I have read, understood, and consented to the above evaluation.

SENIOR COMPANION

DATE

STATION LIASION/CASE MANAGER

DATE

SCP STAFF

DATE