Technician Evaluation Form

This form do	es not need to	be filled out	in the presence of	of the technician.

Technician being evaluated:

Customer name and address:

Evaluator, position and contact with technician (e.g., direct supervisor, parallel working relationship, time spent observing--your basis for this evaluation):

Ratings:

Date:

Unacceptable=1 Below Par=2 Average=3 Superior=4 Outstanding=5 Please note how you arrived at a rating if you feel it will help us understand your rating.

Category	Rating
Quantity of Work	
Quality of work Accuracy, thoroughness, orderliness Customer satisfaction	
Teamwork Relations with superiors, customers, coworkers Sharing of workload with others	
Decisionmaking Making appropriate and logical decisions Explaining and gaining support for decisions	
Initiative	
Job Knowledge Techniques, background knowledge	
Ability to communicate	
Adaptability	
Attainment of stated goals	
Dependability Punctuality, absenteeism Timeliness and completeness of work	

We want to know about performance, professionalism, billing, communication, and other issues you might find important so we may improve our services to you and our other customers.

What I like best about the technician/work done/Iron Horse

What needs to be improved and how

What response is needed/expected/desired from Iron Horse management

Can we show these comments to the technician? Y N

Can we show these comments to other customers? Y N

Please use this space to refer anyone you know who might use our services or to make any other comments.

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