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## Temp Appraisal Form

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Centre Name: \_\_\_\_\_ Date: \_\_\_\_\_

The following information is used for the purpose of successfully placing temps within centres. Please complete the following questionnaire and fax back to ECE Consultants.

	Temp	Temp	Temp	Temp
General Presentation				
Overall Attitude				
Care of Children				
Communication with Children				
Communication with Staff				
Supervision/Behaviour Management Skills				
Overall helpfulness within the Centre				
Happy to be referred to centre again?	Y/N	Y/N	Y/N	Y/N

(Key: Ex = Excellent G = Good P = Poor)

Comments: .....

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Signed: ..... Date: .....

Thank you for using our service, and taking the time to complete the questionnaire. We appreciate your feedback.