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Temp Appraisal Form

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	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	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.