

Peer Assistance Network Supervisor Quarterly Report

Participant's Name: _____

Supervisor's Name: _____

Date: _____

On a scale of 1 to 5 rate the participant's status in the following areas during the last 30 days:

Area	Poor					Good	Comment
	1	2	3	4	5		
Attitude							
Work Performance							
Work Relationships							
Attendance							
Mistakes							
Following Pharmacy Rules							
Providing Attendance Report							
Scheduling r/t drug screens							
Problem w/ Work Restrictions							

During the last month, I am most pleased about: _____

During the last month, I recognized that the participant must work on: _____