



Caregiver Evaluation Form

Caregiver's Name _____

Family's Name _____

Date of Job _____

We would like to know about your child care experience today. Your input is very valuable to us!
Please take a few minutes to fill out this form and mail or fax it back to Care Givers. Thank you.

	Excellent	Very Good	Good	Fair	Not Acceptable*
PUNCTUAL					
FOLLOWED DIRECTIONS					
ACTIVITY LOG (QUALITY)					
NANNY BAG (QUALITY)					
GENERAL ATTITUDE					
ATTENTIVE TO CHILDREN					
ENERGETIC					
LEFT HOUSE TIDY					

*PLEASE EXPLAIN/COMMENT:

Client Signature

Date

Please mail this to: Care Givers, 10211 SW Barbur Blvd., Suite 110A, Portland, OR 97219 or fax to 503-244-6856
You can also provide feedback by calling our office at 503-244-6370 or emailing paul@cgpa.com. Thank you!

© 2012 Care Givers Placement Agency, Inc.