



Care Givers
Placement Agency, Inc.

Temporary Nanny Evaluation Form

Nanny'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
If you have a more pressing concern, please do not hesitate to call our office at 503-244-6370, M-F, 7am-5pm.