SLIDEWATERS

Manager Work Review

Team Member Scholarship Program

Complete this form and return directly to the Scholarship Coordinator: Kelsy Bordner

INSTRUCTIONS FOR MANAGER:

A Slidewaters team member has applied for a scholarship. Please complete this form honestly and return it directly to Kelsy Bordner.

SECTION 1 – APPLICANT INFORMATION

TEAM MEMBER NAME	YOUR NAME (MANAGER)

APPLICANT'S POSITION / ROLE	SEASON(S) WORKED TOGETHER	DATE COMPLETED

SECTION 2 – WORK PERFORMANCE RATINGS

Circle or mark the number that best describes this team member in each area.

WORK TRAIT	1 Poor	2 Below Avg	3 Average	4 Above Avg	5 Excellent
Punctuality *arrives on time, ready to work*	○	○	○	●	○
Reliability *follows through, can be counted on*	○	○	●	○	○
Work Ethic *puts in full effort, takes initiative*	○	○	○	●	○
Ability to Stay on Task *focused, minimal redirection needed*	○	○	●	○	○
Problem Solving *handles challenges calmly and resourcefully*	○	○	○	○	○
Helpfulness *supports teammates, pitches in where needed*	○	○	○	○	○
Responsibility *owns their work and actions*	○	○	○	○	○
Coachability *receptive to feedback, applies it quickly*	○	○	○	○	○
Attitude *positive presence, respectful, team-first mindset*	○	○	○	○	○

N/A = No opportunity to observe

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SECTION 3 – QUALITATIVE FEEDBACK

DESCRIBE THIS TEAM MEMBER'S ATTITUDE IN 3 WORDS OR LESS

STRENGTHS AS A TEAM MEMBER

AREA OF GROWTH – WHERE HAS THIS APPLICANT SHOWN THE MOST IMPROVEMENT?

SUGGESTED AREA FOR IMPROVEMENT / MAXIMIZING POTENTIAL

ADDITIONAL COMMENTS (OPTIONAL)

SECTION 4 – MANAGER SIGNATURE

MANAGER SIGNATURE	PRINTED NAME	DATE

This form is confidential and will be reviewed only by the Scholarship Committee.