

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 <i>arrives on time, ready to work</i>	☐	☐	☐	☐	☐
Reliability <i>follows through, can be counted on</i>	☐	☐	☐	☐	☐
Work Ethic <i>puts in full effort, takes initiative</i>	☐	☐	☐	☐	☐
Ability to Stay on Task <i>focused, minimal redirection needed</i>	☐	☐	☐	☐	☐
Problem Solving <i>handles challenges calmly and resourcefully</i>	☐	☐	☐	☐	☐
Helpfulness <i>supports teammates, pitches in where needed</i>	☐	☐	☐	☐	☐
Responsibility <i>owns their work and actions</i>	☐	☐	☐	☐	☐
Coachability <i>receptive to feedback, applies it quickly</i>	☐	☐	☐	☐	☐
Attitude <i>positive presence, respectful, team-first mindset</i>	☐	☐	☐	☐	☐

N/A = No opportunity to observe

Manager Work Review

Team Member Scholarship Program

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

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.