\subset	CAST MEMB	ER	EV	'ALUATION
NAM	CAST MEMBER EVALUATEYOURABILITYTOPERFORM IN THE FOLLOWING CATEGORIES.	1 2 3 EXCELLENT GOOD FAI	4 5 R POOR UNACCEPTABLE	NAME: MANAGEMENT EVALUATE THIS CAST MEMBERS ABILITY TO PERFORM IN THE SAME CATE GORIES.
1.	GUEST SERVICE Howeffectiveareyouatmeetingthe needsofourguests?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	
2.	SELF MOTIVATION Canyoucontinuetoworkwithout directsupervisionuntilthetaskis complete?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	
3.	APPEARANCE Areyouintheproperuniformwhen youarriveforyourshift?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	
4.	ATTITUDE Areyouabletomaintainapositive, constructiveoutlook?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	
5.	SAFETY Doyoucontributetoasafeoverall workarea?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	
6.	INTERPERSONAL SKILLS Howwelldoyouinteractwithguests andothercastmembers?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0 0	
7.	INITIATIVE Doyouseekoutsolutionstoproblems withouttheconstantdirectionofyour supervisors?	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0 0	
8.	ATTENDANCE Yourabilitytoattendworkontimeand eachtimeyouarescheduled.	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0 0	
9.	GROWTH POTENTIAL Rateyouroverallabilitytoabsorbnew conceptsandputthemtopracticaluse inthoward programment	1 2 3 4 5 0 0 0 0 0	1 2 3 4 5 0 0 0 0	

This portion to be filled ou	t by management.
OVERALL PERFORMANCE:	
SUGGESTIONS FOR IMPROVEMENT:	
REASON FOR THIS EVALUATION:	
90 DAY () 6 MONTH () ONE YEAR	() OTHER ():
ACTION TAKEN BASED UPON THIS EVALUATION:	
CAST MEMBER COMMENTS:	
We (the undersigned) agree that this evaluat	ion contains accurate information to
We (the undersigned) agree that this evaluate the best of our knowledge and has been contained.	
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CAST MEMBER'S NAME:	MANAGER'S NAME:
CAST MEMBER'S SIGNATURE:	MANAGER'S SIGNATURE:
DATE:	DATE:

EMPLOYEE IMPROPER CONDUCT FORM

EMPLOYEE'S NAME:						
DATE:	TIME:	SESSION	N:			
DESCRIPTION OF INCIDENT:		·				
EMPLOYEE'S COMMENTS:						
MANAGER'S						
EMPLOYEE'S SIGNATURE:		MANAGER'S SIGNATURE:				
DATE:	TIME.	DATE:	TIME			