



## **Annual Evaluation Form**

To be completed by Champion's Manager/Supervisor

Facility Name: \_\_\_\_\_

Manager/Supervisor Name: \_\_\_\_\_

Champion Name: \_\_\_\_\_

Please evaluate the performance of your unit Champion during the past year.

Scale: 5=Excellent, 1=Poor

<b>Requirements</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
Demonstrates good communication skills					
Possesses strong leadership skills					
Takes action when necessary					
Accountable/credible					
Team player					
Demonstrates ability to educate others					
Performs according to the Champion Job Description					
Demonstrates knowledge of guidelines/position statements included in toolkit					
Collaborates with facility's Infection Control Committee or similar					

<b>Requirements</b>	<b>Yes</b>	<b>No</b>
Identified and met at least one unit infection prevention goal		
Obtained 180 minutes of personal infection prevention education		
Provided or coordinated 120 minutes of unit infection prevention education		

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_