

8. Please indicate (check) which of the following you observed:

Employee performed fewer duties <input type="checkbox"/>	Employee's overall work schedule was irregular <input type="checkbox"/>	Employee had emotional outbursts that interfered with the productivity of herself or coworkers <input type="checkbox"/>
Employee required special supervision <input type="checkbox"/>	Employee required assistance from coworkers <input type="checkbox"/>	Employee had emotional outbursts with the public <input type="checkbox"/>
Employee demonstrated unsatisfactory work quality <input type="checkbox"/>	Employee required excessive rest periods <input type="checkbox"/>	Employee required reminders and/or redirection <input type="checkbox"/>
Employee took excessive time to perform work duties <input type="checkbox"/>	Employee required unscheduled absences <input type="checkbox"/>	Employee required special equipment <input type="checkbox"/>
Employee performed fewer hours <input type="checkbox"/>	Employee appeared unable to adjust to routine work changes <input type="checkbox"/>	Employee made unacceptable number of mistakes <input type="checkbox"/>

Please explain any items checked above: _____

9. Was the employee hired or kept on because of a family relationship, past association with the employer or other altruistic reason?

YES NO

If 'YES', please explain: _____

10. Did the employee appear to struggle adapting appropriately to normal work stress?

YES NO

If 'YES', please explain: _____

11. Did the employee appear to struggle following directions?

YES

NO

If 'YES', please explain: _____

12. Please indicate why the employee no longer works for you: _____

Space for any additional remarks you may wish to provide:

Signature: _____

Title: _____

Date: _____

Telephone Number: _____