**Stage Management Team Crew Evaluation**

Production Date

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Crew Member | ***Crew*** | ***Very Good*** | ***Satisfactory*** | ***Unsatisfactory*** | ***Late*** | ***Absent*** | ***Notes*** |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 3 | 0 |  |
|  |  |  |  |  | 0 | 0 |  |
|  |  |  |  |  | 2 | 0 |  |

SM Name

Once complete, send copies to area supervisors: Laurie, Michelle, Ben, and Mandy