



Shadowing Evaluation Sheet

Employee Name: _____

Position: _____

Mentor /Shadow Manager: _____

Day	Activity	Notes / Outcome	Signed By
Day 1	Observe Manager operations		
Day 2	Shadow daily member interactions		
Day 3	Manager shadows new staff (vice versa)		
Day 4	Manager shadows – assessment & coaching		
Day 5	Staff operates independently		

Evaluation Criteria

Skill Area	Observed Competency	Comments
Customer service & communication	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
System usage (GymMaster / Trello)	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Professional conduct & appearance	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Safety awareness & compliance	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	
Team collaboration	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Needs Improvement	

Mentor / Manager Signature: _____

Date: _____