

Employee Home Evaluation Form

Employee Information

Employee Name: _____

Job Title: _____

Company Name: _____

Evaluation Date: _____

Home Feature	Condition	Notes
Living Room	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Kitchen	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Bathroom(s)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Bedroom(s)	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
HVAC System	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Plumbing System	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Exterior Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
Safety & Security Features	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	

Final Remarks

Overall Home Condition:

Satisfactory Needs Improvement Unsafe

Evaluator's Name: _____

Signature: _____

Date: _____