

A+ Staff Recognition Award

Staff Member Recognition Award Form

Your Info:

Name (optional): _____

Phone (optional): _____ E-mail (optional): _____

Do you appreciate an amazing staff member? Please tell us about a staff member who went the extra mile to make a difference in your work day.

Staff Member's Name: _____ Department: _____

Location:

Squirrel Hill Bridgeville Wexford Trenton Norwin Hills Monaca

Please tell us what makes this person so exceptional. Select all that apply. Please provide additional details on the back.

Empathy

- Showed extraordinary kindness, compassion and understanding
- Made children and caregivers feel special

Respect and Courtesy

- Protected the dignity of children and caregivers
- Promoted self-esteem

Cooperation

- Worked together with you and your team to support on-going care and improvement
- Built trust

Outreach and Advocacy

- Took the time to provide community information, additional resources and contact information

Customer Service

- Answered all requests and questions with dedication and enthusiasm in a clear and timely manner

Takes Action

- Went the extra mile

Other- *Please provide sufficient details*

Details: _____

Submit completed forms in the designated "A Team" drop boxes located throughout the facility and satellite locations, or e-mail completed forms to adm@the-institute.org.

The Children's Insti

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"Excellence is to do a common thing
in an uncommon way."

Booker T. Washington