



Job Performance Evaluation

Employee Name: _____
 Department: _____
 Supervisor: _____

Position Title: _____
 Date of Report: _____
 Date of Last Report: _____

Directions: Please indicate the appropriate level of performance for each of the following categories. For each rating please cite specific examples, and also cite recommendations and improvements in the comment sections below.

Categories:	Scale:				
	Unsatisfactory	Below Expectation	Meets Expectation	Above Expectation	Outstanding
1. Initiative: Acts independently in new as well as in everyday situations; understands what needs to be done and does it without being told. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Output: The actual work output of the employee - relative to the standards. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Quality: Freedom from errors and mistakes, accuracy, and general quality of work. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Effort: Earnest and conscientious attempt to complete assigned responsibilities. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Dependability: The degree to which the employee is reliable, trustworthy, and consistent. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Job Knowledge: Knowledge of techniques, processes, procedures, services, equipment, and material required to do the job. Comments: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Scale:
--	---------------

Categories:	Unsatisfactory	Below Expectation	Meets Expectation	Above Expectation	Outstanding
7. Interpersonal Skills: Effectiveness in accomplishing tasks by working with others (e.g. peers, supervisors, and customers). Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
8. Supervisory Skills: If applicable; effectiveness in planning, organizing, executing and delegating the work of subordinates. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
9. Organizational Skills: Effectiveness in organizing, planning, time management, scheduling, coordinating resources and meeting deadlines. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
10. Flexibility: Effectiveness in adapting to changes in work responsibilities. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
11. Attendance/Punctuality: Consider number of absences, time of work arrivals and departures, use of annual, and sick leave in accordance with company policy. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
12. Communication Skills: Ability to communicate thoughts and ideas effectively to others. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
13. Team Work: Effectiveness in completing tasks in conjunction with others. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>					
14. Commitment to Individuals: Dedication in assisting individuals in achieving their goals and looking after their well being. Comments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Assessment of Prior Year Improvement Objectives/Goals :

11.
12.
13.
14.
Additional Comments (If additional space is required, attach sheet with employee's name and date of report):

The Following Documents Have Been Reviewed and Signed with The Employee and Supervisor and Updated Copy is Attached:

<input type="checkbox"/> Job Discription	<input type="checkbox"/> Program Policy Memo
<input type="checkbox"/> Code of Ethics	
<input type="checkbox"/> Emergency Contact Form	
<input type="checkbox"/> Awake Overnight Policy Memo	
<input type="checkbox"/> Time Reporting Policy Memo	
<input type="checkbox"/> Outside Employment Disclosure Form	

Employee's Name: _____ Signature: _____ Date: _____

Supervisor's Name: _____ Signature: _____ Date: _____

Director's Name: _____ Signature: _____ Date: _____