

**PERFORMANCE EVALUATION**

Employee's Name: \_\_\_\_\_ Title (*from Job Description*) \_\_\_\_\_

Program/Department: \_\_\_\_\_ Period Evaluated: \_\_\_\_\_ - \_\_\_\_\_

Evaluation Type: \_\_\_\_\_

<b>General Expectations</b>			
<b>Performance Criteria</b>	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Works well with others; gains the respect, confidence, and cooperation of subordinates, building director and organization staff.			
Shows respect for and works effectively with culturally diverse clients, subordinates, organization staff and visitors.			
Communicates effectively with administration, clients, subordinates, organization staff and visitors.			
Ability/willingness to follow through on directives given by supervisor.			
Effectively budgets time to maximize the amount of work done in a workday.			
Effective in managing crisis by analyzing problems and determining appropriate.			

**Additional Comments:**

	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
<b>Sum of GENERAL EXPECTATIONS Ratings:</b>			

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Evaluation Type: \_\_\_\_\_

<b>Worker Attributes</b>			
<b>Performance Criteria</b>	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
Judgment/Decision-making - Effectiveness in analyzing problems and determining appropriate actions.			
Cooperative – (as it relates to work, associates, and organization) willingness to work for and with others; receptive to new ideas and methods.			
Dependable.			
Quality – attentive to detail & accuracy. Committed to quality standards & continuous improvement.			
Follows departmental and organization procedures (i.e., call off, sign-in, sign out, request time off).			

**Additional Comments:**

	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
<b>Sum of WORKER ATTRIBUTES Ratings:</b>			

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<b>Core Competencies</b>			
<b>Performance Criteria</b>	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>

**Additional Comments:**

	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
<b>Sum of CORE COMPETENCIES Ratings:</b>			

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<b>Minimum Requirements</b>			
<b>Performance Criteria</b>	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
100% of CARF Annual Trainings Completed?			
100% of CARF Competency-based Trainings Completed?			
100% of Assigned Trainings (e.g. Trauma Informed Care and other Evidence-based Practices)?			
100% of subordinates have completed all CARF Annual, Competency-Based and Assigned Training (If the employee is not a SUPERVISOR select Not Applicable)?			
Follows departmental and organization procedures (i.e., call off, sign-in, sign out, request time off).			

**Additional Comments:**

	<b>Needs Improvements</b>	<b>Meets Expectations</b>	<b>Exceeds Expectations</b>
<b>Sum of MINIMUM REQUIREMENTS Ratings:</b>			

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Evaluation Type: \_\_\_\_\_

**CURRENT Period's Goals**

Fields are hidden if 'Evaluation Type' is set to 'Mid Review Probationary' or 'Probationary' See Protocol 033 on the Intranet for guidance on Goal Development.

Metric	Expectation	Achievement
<b>Goal 1: Professional Development Goal</b>		
<b>Goal 2: Quality Goal</b>		
<b>Goal 3: Productivity Goal (<i>only for Staff Providing Billable Services</i>)</b>		Check if Goal 3 does not apply.
<b>Goal 4: Optional Other Goal</b>		Check if Goal 4 does not apply.

Employee's Name: \_\_\_\_\_ Title (*from Job Description*) \_\_\_\_\_

Program/Department: \_\_\_\_\_ Period Evaluated: \_\_\_\_\_ - \_\_\_\_\_

Evaluation Type: \_\_\_\_\_

**NEXT Period's Goals**

Fields are hidden if 'Evaluation Type' is set to 'Mid Review' or "Mid Review Probationary".  
See Protocol 033 on the Intranet for guidance on Goal Development.

Metric	Expectation
<b>Goal 1: Professional Development Goal</b>	
<b>Goal 2: Quality Goal</b>	
<b>Goal 3: Productivity Goal (<i>only for Staff Providing Billable Services</i>)</b>	Check if Goal 3 does not apply.
<b>Goal 4: Optional Other Goal</b>	Check if Goal 4 does not apply.

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Program/Department: \_\_\_\_\_ Period Evaluated: \_\_\_\_\_ - \_\_\_\_\_

Evaluation Type: \_\_\_\_\_

**Performance Improvement Requirements**

Required for all items on this review that received a "Needs improvement" rating.

<b>List each Performance Criterion from this review that received "Needs Improvement" ratings</b>	<b>For each Performance Criterion Listed, describe the expected Result/Achievement with due dates.</b>

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Evaluation Type: \_\_\_\_\_

**Summary Ratings and Overall Rating**

Performance Criteria	Needs Improvements	Meets Expectations	Exceeds Expectation
<b>General Expectations:</b>			
<b>Worker Attributes</b>			
<b>Core Competencies</b>			
<b>Minimum Requirements</b>			
<b>Sum of Ratings:</b>			

Current Period Goal Achievement	100% Achieved	Partially Achieved	Insufficient Progress
<b>Goal 1: Professional Development</b>			
<b>Goal 2: Quality</b>			
<b>Goal 3: Productivity</b> (only for Staff Providing Billable Services)			
<b>Goal 4: Other</b>			
<b>Sum of Ratings:</b>			

Disciplinary Notice Review	Date	Disciplinary Brief Description
Disciplinary Notice 1		
Disciplinary Notice 2		
Disciplinary Notice 2		

**Overall Rating:** \_\_\_\_\_ Needs Improvement \_\_\_\_\_ Meets Expectations \_\_\_\_\_ Exceeds Expectations



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Employee's Signature

\*\*I will submit an email or memo with comments). \_\_\_\_ Yes \_\_\_\_ No

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Date

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Supervisor's Signature

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Date

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Department Leader's Signature

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Date