



Blank Performance Evaluation

BLANK PERFORMANCE EVALUATION AND GOAL DEVELOPMENT

Employee:	Position:	Appraisal Date:
Program:	Center:	Supervisor:

INSTRUCTIONS

Annual	Introductory	Interim
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A-B-C = Outcomes
 1-2-3 = Competencies

Required: Use the indicators in the Performance Guide to evaluate.

Ratings:

Exemplary* – Meets all competency indicators in the Performance Guide for Acceptable and Exemplary ratings

Acceptable – Meets all indicators in the Performance Guide for an Acceptable rating

Marginal – Meets all indicators in the Performance Guide for a Marginal rating

Unacceptable* – Does not meet minimum requirements for the indicators

- In order to receive a rating of Acceptable, the employee must meet every indicator for that level of competency; this system also applies for the Marginal and Unacceptable ratings. If they meet all indicators for Acceptable and Exemplary, then they are to be rated as exemplary.
- If any competency receives an Unacceptable rating, the corresponding outcome receives no higher than a Marginal rating.
- The majority of the competency ratings determine the rating received by the outcome.
- If there is no clear majority of competency ratings for the outcome, and none are Unacceptable, the rating for that outcome is at the supervisor’s discretion with an explanation for the choice.
- * If an Exemplary or Unacceptable outcome rating is given, supporting documentation must be attached and explained in the comments.
- If there are any Unacceptable outcomes reflected on the staff evaluation during an annual review, a performance improvement plan must be created and the staff person put on probation not to exceed 90 days. If little or no improvement is made, termination will be recommended. (Clarification: 90 calendar days, with the exception of non-scheduled time)
- If there are any Marginal outcomes reflected on their annual evaluation, a performance improvement plan would be created and they would have to achieve at least an Acceptable rating for the outcome(s) in question within six months. If they are given an Unacceptable outcome rating, the employee will be placed on probation with a performance improvement plan not to exceed 90 days and may result in termination.

PERFORMANCE APPRAISAL

Rating:	Outcome:
	A.
	1.
	2.
	3.
	4.
	<i>Overall Rating for Outcome A</i>
	B.
	1.
	2.
	3.
	4.
	<i>Overall Rating for Outcome B</i>
	C.
	1.
	2.
	3.
	4.
	5.
Outcome No.	Comments

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UNIVERSAL STANDARDS

	A.
	1.
	2.
	<i>Overall Rating for Outcome A</i>
	B.
	1.
	2.
	<i>Overall Rating for Outcome B</i>
	C.
	1.
	2.
	<i>Overall Rating for Outcome C</i>
Outcome No.	Comments

INDIVIDUAL PROFESSIONAL DEVELOPMENT

All regular, full-time staff must complete a minimum of 18 hours of professional development annually. Of those hours, a minimum of 12 hours must be “in field,” meaning that these hours must directly relate to the current position and responsibilities. The six additional training hours may be in field or an outside interest.

All new staff must complete the required Head Start trainings within the first year of employment. The training requirements apply to all positions and cover the same timeframe as the annual performance appraisal.

Both the staff person and their immediate supervisor must set individual professional development goals on an annual basis. Goals should be directly related to staff performance. A goal is a step to enhance current strengths. It should be specific, realistic, and measurable. You should know when you have completed it.

Identify a minimum of one long-term goal and one short-term goal.

PROFESSIONAL DEVELOPMENT GOAL 1

TARGET DATE _____

Outline Steps to be taken to Reach Goal 1

- 1) _____
- 2) _____

Resources Needed: _____

PROFESSIONAL DEVELOPMENT GOAL 2

TARGET DATE: _____

Outline Steps to be taken to Reach Goal 2

- 1) _____
- 2) _____

Resources Needed: _____

PROFESSIONAL DEVELOPMENT GOAL 3

TARGET DATE: _____

Outline Steps to be taken to Reach Goal 3

- 1) _____
- 2) _____

Resources Needed: _____

COACH ASSIGNED: _____

PLANNED FREQUENCY OF MEETINGS WITH COACH _____

TRAINING DOCUMENTATION

All required training documentation is attached and has been reviewed.

Training documentation is incomplete. A plan for completion of required training is attached.

CONFERENCE DOCUMENTATION

Signatures of Persons Conducting Appraisal	Position

Check One:

I have reviewed the Performance Appraisal and agree.

I have reviewed the Performance Appraisal and disagree. (Employee may write comments below or attach separately)

I have read the Performance Appraisal.

Signature of Employee

Date

REACTION OF EMPLOYEE TO PERFORMANCE APPRAISAL (Include discussion of differences between individual objectives and plans)

APPROVALS

Program Director

Date

Executive Director

Date

*** If an Exemplary or Unacceptable outcome rating is given, supporting documentation must be attached and explained in the comments.**