This employee has been supervised by me for the full review period. YES □ NO □

If the answer is NO, how long have you supervised this employee?

I. The following narrative describes the employee’s overall job-related performance for this past review period. It is based on shared expectations and established review criteria. It should address quality of work, productivity, dependability, initiative and other characteristics that impact performance. It includes a discussion of the employee’s responsibilities for adhering to the Code of Conduct standards, affirmative action and employee health and safety, if appropriate.

This employee completed their Annual Safety Training (Including personal safety, electrical safety, fire safety, infection control, injury prevention and occupational safety) on ___.

I rate _____’s performance for this review period as (check one):

☐ Does not meet expectations *
☐ Meets expectations
☐ Exceeds expectations

* Must be clarified in narrative.

II. Complete this section only for individuals with responsibility for human patient assessment, treatment or care.

Please check the age group(s) served if the individual has the responsibility to assess, treat, or care for patient populations.

☐ Infants (0-12 months)   ☐ Children (12 months – 15 ½ years)   ☐ Adolescents (9-18 years)
☐ Adults (18-64 years)   ☐ Geriatrics (65 years and older)

Please address the success with which the individual produces the expected results of clinical interventions.

Does this employee ensure that patients receive effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs, practices, and preferred language?
III. For this employee to strive for excellence, I would recommend focusing on the following:

☐ Work Performance  ☐ Attendance/Punctuality  ☐ Productivity  ☐ Customer Service
☐ Time Management  ☐ Initiative  ☐ Meeting Goals
☐ Other:

IV. Discussion of future goals, expectations, and performance review criteria:

I have met with the above noted employee to discuss his/her performance during this past year. We have discussed position-related performance expectations and performance review criteria for the next year.

SIGNATURES:

______________________________________  ____________________
Supervisor           Date

______________________________________  ____________________
Employee           Date

Employee’s comments (if any):
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

______________________________________  ____________________
Department Manager         Date

Department Manager’s comments (if any):
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________