**200.4**

**RESA PERSONNEL EVALUATION FORM**

**SERVICE PERSONNEL**

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| **NAME:** | **JOB TITLE:** | **YEAR ENDING:** |

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| **Procedure:** |
| 1. **A copy of the specific job description and evaluation instrument will be provided to personnel at the beginning term of employment** |
| 1. **Rating Scale: Please check the appropriate column beside each item:** |
| 1. **Columns are numbered 1 through 5** |
| 1. **Column 5 represents a high rating of performance** |
| 1. **Column 1 represents a low rating of performance** |
| 1. **Columns 2, 3 and 4 represent progressively higher rankings between low and high** |
| 1. **A rating of 1 in any area requires improvement through remediation procedures with stated time limitations. (A copy of this recommendation will be presented to the employee)** |

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| **Composite Status:** |
| **□ Does not meet standards (0-48)** |
| **□ Meets standards (49-94)** |
| **□ Exceeds standards (95-120)** |

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| 1. **WORK HABITS** | 1 | 2 | 3 | 4 | 5 |
| 1. **Adheres to RESA dress code for position** |  |  |  |  |  |
| 1. **Observes supervisor approved work hours** |  |  |  |  |  |
| 1. **Is punctual in reporting work, meeting schedules, keeping appointments and**   **completing reports** |  |  |  |  |  |
| 1. **Takes initiative to go above and beyond requirements** |  |  |  |  |  |
| 1. **Demonstrates dependability by promptly completing all required tasks with**   **minimum supervision** |  |  |  |  |  |
| 1. **Equipment is well kept and safety practices are always followed** |  |  |  |  |  |
| 1. **Performs work according to current RESA program specific policies and procedures** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |

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| 1. **COMPLIES WITH ALL POLICIES AND PROCEDURES** | 1 | 2 | 3 | 4 | 5 |
| 1. **Complies with rules and regulations** |  |  |  |  |  |
| 1. **Follows state and RESA policies** |  |  |  |  |  |
| 1. **Uses proper channels in referral of problems** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **ATTITUDE TOWARD JOB AND OTHER PERSONAL QUALITIES ESSENTIAL TO JOB SUCCESS** | 1 | 2 | 3 | 4 | 5 |
| 1. **Has good attitude and is cooperative** |  |  |  |  |  |
| 1. **Displays initiative on the job** |  |  |  |  |  |
| 1. **Carries out assignments in a positive manner** |  |  |  |  |  |
| 1. **Adapts to new situations/duties in a positive manner** |  |  |  |  |  |
| 1. **Maintains good public relations** |  |  |  |  |  |
| 1. **Works cooperatively with fellow workers and administrative staff** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **PERFORMANCE OF DUTIES** | 1 | 2 | 3 | 4 | 5 |
| 1. **Quantity and quality of work produced in a work day meets supervisor’s expectations** |  |  |  |  |  |
| 1. **Employs consistent and reliable work judgments** |  |  |  |  |  |
| 1. **Analyzes each task and acquires needed materials/resources prior to beginning task** |  |  |  |  |  |
| 1. **Readily accepts responsibility and is willing to take on extra duties** |  |  |  |  |  |
| 1. **Follows instructions and has ability to carry out directions** |  |  |  |  |  |
| 1. **Can coordinate work which directly or indirectly involves other employees or departments** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| 1. **MAINTAINS AND/OR IMPROVES SKILLS** | 1 | 2 | 3 | 4 | 5 |
| 1. **Has acquired acceptable level of job knowledge** |  |  |  |  |  |
| 1. **Seeks ways to maintain and improve job skills** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |

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| 1. **GOALS** | 1 | 2 | 3 | 4 | 5 |
| **Goal 1:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 2:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 3:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 4:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 5:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |
| **Goal 6:** |  |  |  |  |  |
| **COMMENTS/ACCOMPLISHMENTS** | | | | | |

**I have read the evaluation and have discussed it with the evaluator**

**Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If I do not agree with the evaluation, I understand that I may include a written statement as an addendum to this document**

**NOTE: Any checks in column one (1) shall be identified with remediation procedures and time frame on a PERFORMANCE IMPROVEMENT REPORT: Employees shall receive a copy of the completed form.**

evalsrvper