

Performance Evaluation

Department: XYZ	Employee ID Number: 999999
Name : Sue Q Public	Position Number 555
Position Title: Youth Worker	Classification
Division	Section
Evaluation Period	From: April 1, 2009 To March 31, 2010 Anniversary Date April 1

Part 1

(To be completed at the **beginning** of the evaluation period)

1A. Performance Expectations: (To be discussed and completed by the supervisor and employee together.) Please record performance goals for the current performance cycle. Goals should be **Specific, Measureable, Attainable, Relevant and Time-bound**. Normally six to eight goals are sufficient.

1. To perform your role as youth worker and follow the security procedures underlined in the Standing Operating Procedures sec. 8.of the Nova Scotia Youth Centre, while paying particular attention to the following:
 - a. daily counts of unit population at 6:50 am, 11:00 am, 4:05 pm ,6:45 pm and ensuring that all counts are recorded in the Shift log and are phoned to Main Control.
 - b. Key control- ensure that all keys are accounted for and that staff members receiving keys sign them out, and when the keys are returned you are sign them back in on the Key Control form # 2233.

2. Monthly Reintegration Plan Profiles are to be completed in accordance with S.O.P. section 8.00.01 ensuring that the completed Reintegration Plan Profiles {form # 234} are to be completed and pass to the Unit Supervisor by the Monday prior to your scheduled Unit Review Board.

3. To deliver training and development requests including:
 - a. 2 performance management BU courses by December
 - b. 2 performance management MCP courses by December
 - c. 2 Respectful Workplace courses by December
 - d. 2 Assertive Communications workshops by August

1B. Employee's Career and Personal Development Plans: (To be completed by the employee.) Indicate what training and development, if any, you feel you need to increase your effectiveness in your present position. State any plans you have for self-development and any requests for support from your supervisor or department.

1. Take non-verbal crisis intervention training

Employee's signature:

Date:

1C. Training and Development Plans: (To be completed by the supervisor.) State what training and development plans you recommend for this employee during this period to support the implementation of performance goals.

1. Complete non-verbal crisis training by January 2010. Demonstrate new behavior by using the techniques learned in the workshop when intervening in a crisis situation.

Supervisor's signature:

Date:

Part 2

(To be completed at the **end** of the evaluation period)

2A. Results Achieved:

Describe results achieved based on the goals set in Section 1A. Explain, if necessary, where results exceeded or fell short of expectations.

1. Achieved goal 1 consistently and thoroughly during the past year.
2. Did not complete the monthly reintegration plan profiles for over 50% of the profiles by the agreed upon time. Gave feedback to Sue on July 15th and August 15th. Began coaching to improve performance on August 15th and developed an action plan also on August 15th. Problems with meeting timeframes continued. Issued a verbal reprimand on November 30th. Some improvement shown for the next months. By March, Sue was failing to meet the deadlines. Continued coaching sessions and reviewed the action plan.
3. Sue provided training on 1 performance management BU course and 1 Respectful Workplace course by December. The rest of the courses were cancelled due to low registration.

Enter factors which may have affected performance during the evaluation period.

2B. (To be completed by the employee)

State what training and development action you took during the evaluation period. Keep in mind that development can be more than attending training courses.

Took non-verbal crisis intervention workshop. Used new techniques when dealing with an offender on September 30th.

Attended a workshop on setting SMART goals

Employee's Signature:

Date:

2C. State what support or assistance you (or your department) gave the employee during the period with respect to training and development.

Non-verbal crisis intervention
SMART objectives workshop

Encouraged Sue to read the monthly Correctional Worker Journal to keep up on the latest trends in Correctional Services.

Supervisor's Signature:

Date:

Part 3

(to be completed at the **end** of the evaluation period)

Overall Evaluation of Performance: (Please check one box)	
<input type="checkbox"/> Exceeds All Performance Expectations	<input checked="" type="checkbox"/> Meets Most Performance Expectations
<input type="checkbox"/> Exceeds Most Performance Expectations	<input type="checkbox"/> Fails to Meet Most Performance Expectations
<input type="checkbox"/> Meets All Performance Expectations	
Comments by the Supervisor: Identify the major ways the employee has contributed to the effective operation of the department and/or areas of necessary development along with recommendations for performance management plans to meet these needs. Sue achieved her security and training goals fully and as expected. Some classes were cancelled due to low participant numbers but that does not reflect on Sue's ability to train. In fact, Sue is one of the best trainers we have here. Sue is very security conscious and completes her tasks in accordance with standing orders and the policy and procedures guidelines.	
Supervisor's Signature:	Date:
Comments by the Employee: This evaluation is fair.	
Employee's Signature:	Date:
Employee's signature denotes only that the employee has reviewed the evaluation.	
Comments by Deputy/Designate:	
Signature(s) Deputy/Designate:	Date:

Send original to Human Resources, to be filed in personnel record.
Give copy to employee.