

# New Haven Youth & Family Services, Inc.



## Performance Review Summary Form *(to be completed for all staff and forwarded to Human Resources)*

**Evaluation Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Facility/Department:** \_\_\_\_\_

Regular Review     Transfer/Introductory/Other

**Reviewing Manager:** \_\_\_\_\_

Check if Job Description Attached

*Please rate employee performance as follows:*

- 1 Rarely Achieves Expectations - needs development (supporting documentation required)
- 2 Still Developing
- 3 Achieves Expectations
- 4 Consistently Exceeds Expectations (supporting statement/documentation required)

**OVERALL**

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**Key Elements:**

**Rating**

1.	<b>Job Knowledge</b> - the extent to which the employee demonstrates, through speech and action, a clear understanding of their job duties and responsibilities. Is knowledgeable about New Haven's programs, processes, guidelines, policies, standards and practices in performing the job functions of his/her position.	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	
2.	<b>Service &amp; Relationships</b> - the extent to which the employee's behavior is directed toward fostering positive, professional relationships, modeling, educating, counseling of youth and/or respecting one's fellow workers, visitors, and customers - accepting constructive feedback and presenting a favorable image of New Haven in both attire & communications.	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	
3.	<b>Quality of Performance &amp; Operational Job Duties:</b> the extent to which the employee utilizes experience and knowledge, producing reports, documentation and/or communicating required and necessary information accurately, thoroughly, and in a timely manner (using good verbal & written communication skills ).	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	
4.	<b>Accountability and Compliance:</b> the extent to which the employee contributes to the effectiveness of the facility/department, maintains & protects property as well as resident and employee rights (including harassment, discrimination, confidentiality), promotes a safe and clean workplace, maintains position requirements (certifications, trainings, schedule expectations, etc.), follows agency protocols, in support of the overall mission of New Haven.	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	
5.	<b>Adaptability, Flexibility, and Dependability:</b> the extent to which the employee adheres to arriving to work, meetings, trainings as scheduled, and exhibits a responsiveness to changing situations. as needed to support the organization, and an openness to supporting new ideas, programs, systems, and structures. (Note: time off approved under FMLA may not be considered).	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	

**Management Skills (required for staff or others with managerial responsibilities)**

6.	<b>Decision Making &amp; Problem Solving:</b> the extent to which the manager identifies, understands, and addresses problems as they surface, researches solutions, and arrives at making and communicating sound, logical, and timely job-related decisions (communicating to all responsible parties) that are in the best interest of New Haven (and New Haven children).	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	
7.	<b>Staff Management &amp; Leadership:</b> the extent to which the manager instills confidence and respect while he/she communicates, monitors, evaluates, and manages all aspects of the staff performance, to ensure that job is performed within agency expectations, employees are effectively motivated, developed and provided needed support/direction.	
	<i>Comments &amp; notes regarding measures/indicators used:</i>	

STANDARDS OF EMPLOYMENT REQUIREMENTS							
1.	Record Avg, Audit Results	<input type="checkbox"/> NA	Facility:	Milieu:	Other Reports:		
2.	Job Duties and Performance Expectations have been discussed with employee?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.	Goals and Objectives have been discussed with employee (below)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.	Have any job requirements and/or renewals been reviewed regarding credentials, licenses, certifications, trainings or updated employment reverifications (i.e. TB testings, driver's license renewal information, etc.)? Any changes to personal contact information? Have deadlines been discussed &/or updated as required?				<i>Notes re pending expirations:</i>		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Pro-Act	First Aid/CPR/BBP	TB Expir.	Other:	Credential	Certification(s)	License
	For Line Staff, note # of trainings attended during review period: _____ out of _____.						
DEVELOPMENTAL GOALS FOR NEXT REVIEW PERIOD							
1							
2							
3							
4							

Supervisor's Comments:

Employees's Comments:

By signing below, I acknowledge that I have participated in the review process and have received a copy of the review.

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Dept. Head/Director's Signature                      Date  
*(To be reviewed prior to employee's signature)*

\_\_\_\_\_  
Employee's Signature                      Date

Received HR: \_\_\_\_\_  
Date

CC: Employee