



New Haven Youth & Family Services, Inc.

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

Employee NAME:		Overall RATING:	
Current POSITION:		Date of EVALUATION:	
Facility/ Department:		Review Type (Check one): <input type="checkbox"/> Regular <input type="checkbox"/> Transfer <input type="checkbox"/> Introductory	Was employee provided with a current copy of their Job Description? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please rate employee performance, 1 – 4, as follows:

1 Rarely Achieves Expectations <small>(Attach corrective action)</small>	2 Developing	3 Achieves Expectations	4 Consistently Exceeds Expectations <small>(Note or attach supporting information)</small>
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Key Elements:	Rating
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1	Job Knowledge - 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.	
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Comments & notes regarding measures/indicators used:

2	Service & Relationships - 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.	
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Comments & notes regarding measures/indicators used:

3	Quality of Performance & Operational Job Duties: 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).	
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Comments & notes regarding measures/indicators used:

4	Accountability and Compliance: 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.	
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Comments & notes regarding measures/indicators used:

5	Adaptability, Flexibility, and Dependability: 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).	
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Comments & notes regarding measures/indicators used:

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

6	Decision Making & Problem Solving: 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).	
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Comments & notes regarding measures/indicators used:

7	Staff Management & Leadership: 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.	
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Comments & notes regarding measures/indicators used:

Employee Name:					Page 2
Measures/Indicator Information	Facility Audit Average:	<input type="checkbox"/> N/A %	Reports:	Other:	
Have Job Duties and Performance Expectations have been discussed with employee?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Goals and Objectives have been discussed with employee (below)?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Note all job requirements and/or renewals reviewed herein regarding credentials, licenses, certifications, trainings or updated employment reverifications (i.e. TB testings, driver's license renewal information, etc.). Have deadlines been discussed &/or updated as required?					<input type="checkbox"/> Yes <input type="checkbox"/> No

Notes re pending expirations:

Pro-Act: <input type="checkbox"/> N/A	First Aid/CPR/BBP: <input type="checkbox"/> N/A	TB Expir.	Other:	Credential/License	Certification (Note type)
For Line Staff, note # of trainings attended during review period: _____ out of _____.		Attendance Record: # Unplanned Absences: Good/ Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	PI Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No Index Information High : A / B / C / D Low : A / B / C / D		

DEVELOPMENTAL GOALS FOR NEXT REVIEW PERIOD

1.
2.
3.
4.

Supervisor's Comments:

Employee's Comments:

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

Employee's Signature		Date	Dept. Head Signature		Date
Supervisor's Name/ Signature		Date	HR:		Date