

EMPLOYEE NAME _____ TITLE _____

REVIEW DATE: _____

INDIVIDUAL CONDUCTING EVALUATION: _____

INSTRUCTIONS:

This form is to be completed when:

- Prior to completion of 30-day probationary period..
- A 6 month review is required.
- An annual review is required.
- The employee changes assignments within ARBO.
- An interim review becomes necessary.
- It will not be necessary to complete a new evaluation should any of the above happen within three (3) months after completion of the previous Performance Evaluation/Professional Development Plan.

This evaluation covers all important aspects of the performance since the last Performance Evaluation of the employee, a summary of his/her current status, and a discussion of potential for growth and development. In addition, the report provides a vehicle for use in your appraisal meeting with the employee.

OBJECTIVES AND EXPECTATIONS

Use measurable targets, numbers and dates to describe the objectives and expectations for the coming year. Consider this individual's sphere of influence as it relates to the following questions:

- What objectives and expectations do you have of this individual in meeting the goals of the American Optometric Association? *Be specific as to financial and qualitative performance objectives.*
- What are the major personal objectives, including training and development objectives from the preceding Review period, which have been set for the individual?

PERFORMANCE LEVEL DESCRIPTION AND DEFINITION

<p><u>Distinguished</u> Exceeds all objectives, actively develops teamwork and cooperation, seeks new and better ways to accomplish tasks, extremely capable and very versatile in adjusting priorities to current needs, an effective communicator.</p>	<p><u>Exceptional</u> Consistently meets and often exceeds objectives. Actively contributes to achievements of overall association goals. Superior performance in all aspects of job. Performance well above the competent level.</p>	<p><u>Proficient</u> Consistently meets and occasionally exceeds objectives, full utilization of ability and experience to produce the desired results that are expected from a qualified employee.</p>	<p><u>Needs Improvement</u> Usually meets objectives, areas for improvement noted in appraisal, level of performance is less than expected.</p>	<p><u>Unsatisfactory</u> Doesn't meet objectives, falls short of required performance, consider probationary period, transfer to a more suitable job or termination.</p>
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PERFORMANCE EVALUATION

PERFORMANCE EVALUATION: Indicate by check marks how well this employee did on each factor that is relevant to the particular job. While comments are always appropriate, they are required to explain instances where “Distinguished” or “Unsatisfactory” has been checked.

PERFORMANCE FACTOR	Distinguished	Exceptional	Proficient	Needs Improvement	Unsatisfactory	COMMENTS
<u>Effectiveness in Planning and Organizing the Work:</u> Consider how well the employee provides for long and short range needs; how well he/she sets up work schedules; whether the individual approaches projects systematically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Effectiveness in Assuring that Work Schedules are Met:</u> Consider how adequately he/she monitors the progress of work; how well the employee meets deadlines without last minute rush.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Effectiveness in Maintaining Required Quality:</u> Consider the quality of his/her work; whether his/her quality standards are adequate; how well he/she sets up ways to assure meeting them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Degree of Technical Competence in His/Her Function:</u> Consider how well the employee knows the requirements of his/her special field and how well he/she applies this knowledge; how well he/she stays abreast of new developments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Adherence to ARBO Policies and Practices:</u> Consider the employee’s knowledge about the association, its policies and procedures; how well the employee adheres to them, or inputs appropriate changes; ensures that safety procedures are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Initiative in Assuming and Discharging Responsibility:</u> Consider the individual’s willingness to assume new or additional responsibilities; how well does he/she follow through on assignments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Ability to Work Independently (Relative to Level and Position):</u> Consider whether the employee coordinates his/her activities with others; is the employee productive when left alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Effectiveness in Making Decisions:</u> Consider the employee’s ability to analyze the problem and make sound decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Ability to Accept Supervision:</u> Consider the employee’s willingness to perform as a team member including understanding the team’s goals and accepting direction where appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Effectiveness in Relations With Members:</u> Consider how responsive he/she is to members within ARBO’s policies and practices and sound business practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Effectiveness in Relations with Employees:</u> Consider how the individual works with other employees; how well he/she gets the point across to others and gains their acceptance and cooperation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<u>Other Performance Factors to be Considered:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OVERALL PERFORMANCE SUMMARY: Indicate the performance level that most closely reflects how the employee’s overall performance measured up to what should normally be expected from an employee with similar experience at this level.

Distinguished
 Exceptional
 Proficient
 Needs Improvement
 Unsatisfactory

Professional Development Plan

EMPLOYEE'S EXPRESSED CAREER GOALS

DEVELOPMENT ACTION PLAN

GOALS

Describe the specific actions which you and this individual expect to take during the next review period to prepare him or her for increased responsibilities or management.

ACTIVITY DESCRIPTION

TARGET DATE

I have read the above appraisal and wish to make the following comments

Employee's Signature _____

Date _____

Note: Signature of employee does not necessarily indicate agreement with results of evaluation.

Salary Recommendation

This section to be completed after employee has signed evaluation.

Current Salary \$ _____
Recommended Increase % _____
Proposed Salary \$ _____

Approvals

Supervisor	Group/Center Director	Executive Director
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