|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| Name | Department | | Position Title |
|  |  | |  |
|  | From: | To: |  |
| Reviewing Manager | Review Period | | Review Date |

E= Exceeds M= Meets NI= Needs Improvement

|  |  |  |
| --- | --- | --- |
| Goal/Duty | Description Of Results | Rating(E, M, NI) |
| 1. Is knowledgeable of, and follows, all agency policies and procedures. |  |  |
| 2. Follow consumer(s) Individualized Service Plan (ISP) or Person Centered Plan (PCP) |  |  |
| 3. Provide appropriate supervision of consumer(s). |  |  |
| 4. Maintain cleanliness of the facility, in order to meet APS standards, as well as sanitation and licensing standards |  |  |
| 5. Provide appropriate billable documentation of services provided |  |  |
| 6. Exhibit an appropriate level of professionalism for the environment where consumers are served. Positively represent APS in the community |  |  |

**PROFESSIONAL DEVELOPMENT PLAN:**

List specific activities the employee should do in the next twelve months to improve performance in the current position. List any additional specific activities for the employee’s overall professional development.

**SUMMARY:**

**EMPLOYEE COMMENTS:**

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Supervisor Signature Date Employee Signature Date