## Employee Performance Development Plan Forms [samples]

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 1: PERFORMANCE REVIEW**

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| **MAJOR TASKS**(from job description) What I do? | **ASSESSMENT OF CURRENT PERFORMANCE**(How am I doing?) NA = not applicable; 1 = needs development; 2 = satisfactory; 3 = above average; 4 = outstanding | **COMMENTS**(always include feedback to support 1 and 4 ratings) |
| 1. Coordinates patient care through the clinic – waiting room, prep procedures, exam room
 |  |  |
| 1. Answers enquiries by phone and in person in a helpful, respectful and efficient manner
 |  |  |
| 1. Maintains appointment schedule and manages recalls
 |  |  |
| 1. Maintains EMR efficiently, accurately and in accordance with [YOUR CLINIC NAME] policy. This includes maintaining the patient chart.
 |  |  |
| 1. Ensures exam rooms are stocked appropriately and ensures that they are ready for next patient
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| 1. Ensures patient confidentiality
 |  |  |
| 1. Cleans and sterilizes materials and instruments following [YOUR CLINIC NAME] policy.
 |  |  |
| 1. Performs patient prep procedures and documents findings on the patient record
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| 1. Performs billing procedures for multiple payers (MSP, ICBC, WCB, RCMP etc) and applies and collects non-insured fees where applicable
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| **SECTION 2: PERFORMANCE REVIEW** |
| **PERFORMANCE RATINGS**NA = not applicable1 = needs development2 = satisfactory3 = above average4 = outstanding |
| **Skills** | **NA** | **1** | **2** | **3** | **4** | **Skills** | **NA** | **1** | **2** | **3** | **4** |
| Work Quality (including accuracy) |  |  |  |  |  | Solves Problems |  |  |  |  |  |
| Work Volume |  |  |  |  |  | Demonstrates Cost Awareness |  |  |  |  |  |
| Demonstrates community health perspective in work |  |  |  |  |  | Demonstrates good judgment and decision making |  |  |  |  |  |
| Communicating with other Staff |  |  |  |  |  | Shows Initiative |  |  |  |  |  |
| Communicating with Patients and families |  |  |  |  |  | Organized |  |  |  |  |  |
| Writing |  |  |  |  |  | Understands when to refer questions to a doctor or others |  |  |  |  |  |
| Is a team player |  |  |  |  |  |  |  |  |  |  |  |
| Comments (always include feedback to support 1 and 4 ratings) Employees – use this space to provide feedback on how the employer can support you in improving your performance. |

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SECTION 3: EMPLOYEE DEVELOPMENT PLAN****Employee For Period to**  |
| **Employee Aspirations and Goals**(5 year outlook) |
| **Employee Education Plan**(2 year outlook) |
| **Employee Development Plan** (what experience would you like to gain in the next 2 years?) |
| **Approval** Employee Signature Date HR Director Signature |